

MEMBER DELETION REPORT

Date _____

State _____ Court Number _____ Court Name _____

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Please print neatly. Please complete this report when you wish to delete members from your court; whether due to Death, Forfeiture, Resignation or Transfer. Be sure to include exact date (month/day/year) that the deletion took effect. **Please save paper! YOU MAY DELETE MORE THAN ONE MEMBER ON ONE FORM,** regardless of deletion date. Do not use this form for disbanding courts. (See Tools of the Trade)

One of the following codes **MUST** be circled to remove members from your court records. **D** - Deceased **F** - Forfeiture **R** - Resignation **TO** - Transfer Out

Use area below to **DELETE** a member from your court due to **Death, Forfeiture or Resignation ONLY**

Last Name	First Name	Code (Circle one)	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="radio"/> D <input type="radio"/> F <input type="radio"/> R	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> D <input type="radio"/> F <input type="radio"/> R	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> D <input type="radio"/> F <input type="radio"/> R	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> D <input type="radio"/> F <input type="radio"/> R	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> D <input type="radio"/> F <input type="radio"/> R	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> D <input type="radio"/> F <input type="radio"/> R	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> D <input type="radio"/> F <input type="radio"/> R	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> D <input type="radio"/> F <input type="radio"/> R	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use area below to **TRANSFER** a member from your court

Last Name	First Name	Code	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="radio"/> D <input type="radio"/> F <input type="radio"/> R	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> D <input type="radio"/> F <input type="radio"/> R	<input type="text"/>	<input type="text"/>	<input type="text"/>

Transfer to _____ State _____ Court Number _____

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Note: Receiving court must submit Transfer Form (Form 102) Member is not an active member until signed and completed Transfer Form is received by the National Office.



Send **PINK** copy to: Catholic Daughters of the Americas
10 West 71st Street, New York, NY 10023

Send **BLUE** copy to: Your **State Court** (see your State Court guidelines for the proper person)

Retain **WHITE** copy for court files.