

Fraternity Membership Cancellation Form

Please complete this form to officially request the cancellation of your fraternity membership. Once completed, print the form and submit it to your Chapter President or Executive Committee for processing.

1. Member Information

Full Name:

Member ID / Roll Number:

Email Address:

Phone Number:

2. Chapter Information

Fraternity Name:

Chapter Name (e.g., Alpha Beta):

University / College:

3. Cancellation Details

Requested Effective Date (MM/DD/YYYY):

Reason for Cancellation:

Status of Outstanding Dues (Paid / Unpaid):

Fraternity Property Returned (Badge, Regalia, etc. - Yes / No):

4. Acknowledgement and Signatures

By signing below, I acknowledge that I am voluntarily relinquishing my membership in the fraternity. I understand that I am forfeiting all rights, privileges, and benefits associated with membership, and that any outstanding financial obligations must be settled according to chapter bylaws.

Member Signature (Sign after printing): Date:

Chapter President Signature: Date:

Chapter Advisor Signature: Date: