NOTICE OF ELECTION TO MULTIPLE MEMBERSHIP

(To be filled out by the Secretary of the Chapter with which the Companion is affiliating as a Multiple Member and sent to the Grand Secretary.)

Electing Chapter must give official notice to all Chapters in which the Companion holds membership - Original or Multiple

THIS IS TO CERTIFY that on _____, 20____

Companion _____, who resides at

_____ ( ) -
Complete Address City State Zip Phone

was elected to Multiple Membership in _____ Chapter No.____

Located At_____
City State Zip

SEAL

_____
Secretary