



**CHECK LIST (FOR OFFICE USE ONLY)**

**Re: Application for Reinstatement**

OF:.....

DATE RECEIVED:..... BY:.....

FEE PAID: \$..... FORM IN ORDER:..... ENDORSERS IN ORDER:.....

**ACTION OF EXAMINING BOARD:**

DATE RECEIVED:..... FAVORABLE:..... NOT FAVORABLE:.....

OTHER RECOMMENDATIONS:.....

DATE:..... CHAIR:.....

**ACTION OF COUNCIL:**

APPROVED:..... NOT APPROVED:.....

DATE:..... PRESIDENT:.....

**APPLICANT NOTIFIED IN WRITING:**

DATE:..... BY:.....

EFFECTIVE AS OF:..... MEMBERSHIP NO:.....