

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:.....