



Reinstated Member Form
Form 83

Reinstated Member: Please contact your chapter treasurer to pay your dues upon completion of this form.

Chapter Treasurer: Please reinstate this member in the dues portal and send this form to your state organization treasurer as soon as possible.

Member ID#

First Name	Middle Name or Initial	Last Name
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Mailing Address

City	State/Province	Zip/Postal Code
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Country (e.g., USA, Sweden)	Preferred Phone Number
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Date of Birth (mm/dd/yyyy)

Chapter of Reinstatement	State Organization (Geographic Name, please)
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If former chapter is different, please specify former chapter and state organization

Preferred Email: (Institutional emails are often blocked, please use a home email or add "dkg.org" as a trusted site)

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Date of Induction (mm/dd/yyyy)	Date of Reinstatement (mm/dd/yyyy)
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Membership Status Active Reserve Collegiate

Degrees held: Bachelor Master Doctor Other: _____

Chapter Treasurer Name (if submitted by treasurer)