

REGISTRATION OF DEMIT

CHAPTER _____ No. _____ District No. _____

Companion's Surname	Given Names	Date of Birth Year Mo. Day	Chapter Roll No.	G. C. Cert. No.
Residence Address Street _____ Apt _____		Date of Exaltation Year Mo. Day	How did the Companion request his demit By Letter _____ Verbally _____	
Town _____ Postal Code _____		If the Companion is joining another Chapter, indicate which Chapter and No. Chapter Name _____ Chapter No. _____		
Indicate the reason(s) the Companion has given for requesting his demit _____ _____ _____				
Chapter Representative's Comments (Chapter Representative's comments should include whether the Companion was contacted, when, and what was the result of that contact.) If the Companion is moving, provide the Companion's new address if known, or the area of the Province that the Companion is moving to. _____ _____ _____ If dues were owing, indicate amount \$ _____				
IT IS IMPERATIVE THAT THE FOLLOWING DATE BE FILLED IN				
Date of the Demit in the Chapter's records: YEAR MONTH DAY				

NOTE: Please refer to Section "MEMBERSHIP – DEMIT OR RESIGNATION" of the Constitution of Grand Chapter.
 This form must be sent to Grand Chapter **within 10 days** of the demit.
 Mail or FAX to: **Grand Scribe Ezra, Grand Chapter Royal Arch Masons, 361 King Street West, Hamilton, ON L8P 1B4 FAX: 905-522-5099**