REGISTRATION OF SUSPENSION 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	Was this suspension a result of a Craft Lodge Suspension? Yes ☐ No ☐	
Town Postal Code		If dues were owing at time of Suspension, indicate amount of dues $		

Please indicate what efforts the Chapter made to contact, and/or retain this Companion's membership

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IT IS IMPERATIVE THAT THE FOLLOWING DATE BE FILLED IN

Date of the Suspension in the Chapter's records: **YEAR** **MONTH** **DAY**

NOTE: Please refer to Sections "SUSPENSION OF A MEMBER FOR NON-PAYMENT OF DUES" and "SUSPENSION OF A MEMBER OTHER THAN FOR NON-PAYMENT OF DUES" of the Constitution.
This form must be sent to Grand Chapter **within 10 days** of the suspension.
Mail or FAX to: **Grand Scribe Ezra, Grand Chapter Royal Arch Masons, 361 King Street West, Hamilton, ON L8P 1B4 FAX: 905-522-5099**

TGC20 10/10

Scribe Ezra _____