



## Reinstated Member Form

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City                                      State/Province                                      Zip/Postal Code

\_\_\_\_\_  
Country (e.g., USA, Sweden)                                      Preferred Phone Number

\_\_\_\_\_  
Date of Birth, optional (mm/dd/yyyy)

\_\_\_\_\_  
Chapter of Reinstatement                                      State Organization (Geographic Name)

\_\_\_\_\_  
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.)

\_\_\_\_\_  
Date of Induction (mm/dd/yyyy)                                      Date of Reinstatement (mm/dd/yyyy)

Membership Status:    Active       Reserve       Collegiate

Degrees held:    Bachelor       Master       Doctorate       Other \_\_\_\_\_

\_\_\_\_\_  
Chapter Treasurer's Name (If submitted by treasurer)