

# Sigma Tau Gamma Fraternity

## Report of Disassociation

PLEASE PRINT

Chapter: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

<u>Full Name</u>	<u>Date of Association</u>	<u>Date of Disassociation</u>	<u>Reason</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

An Associate who disassociates may rejoin the Fraternity up to 90 days from the date of disassociation. If he rejoins the Fraternity after 90 days he must complete a new Membership Application and pay the \$50 Associate Fee.

\_\_\_\_\_  
Signed by Vice President of Membership

\_\_\_\_\_  
Signed by Chapter Advisor

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Keep a copy for your files.