

**Membership Status Change Form**  
**Secular Franciscan Order St Elizabeth of Hungary Region**

<b>Fraternity Name</b>	
<b>Fraternity City/ State</b>	
<b>Fraternity Number</b>	
<b>First Name</b>	
<b>Last Name</b>	
Primary Street/ Apt Address	
Primary City/ State/ Zip Code	
Telephone (Main)	
Telephone (Cell)	
E-mail Address	
Birthdate (at least year required for Inquiry)	
<b>Change Effective Date:</b>	
<b>Formation Status:</b>	.....
Aspirant (Orientee)	<input type="checkbox"/>
Aspirant (Inquirer)	<input type="checkbox"/>
Candidate - Acceptance	<input type="checkbox"/>
Temporary Professed	<input type="checkbox"/>
Professed	<input type="checkbox"/>
Ecclesial Witness (for Profession)	
<b>Status Change:</b>	.....
Active	<input type="checkbox"/>
Lapsed	<input type="checkbox"/>
Deceased	<input type="checkbox"/>
Active - Excused	<input type="checkbox"/>
Temporary Withdrawal	<input type="checkbox"/>
Definitive Withdrawal (requires National Notification)*	<input type="checkbox"/>
Suspended (requires Regional Approval)	<input type="checkbox"/>
Dismissed (requires National Approval)*	<input type="checkbox"/>
<b>Minister Name:</b> Click or tap here to enter text.	<b>Minister Signature:</b>
<b>Minister Address:</b>	
<b>Secretary Name:</b>	<b>Secretary Signature:</b>
<b>Date Submitted:</b>	

This form is to be used for all membership status changes except Transfers. Please complete change sections and email or send to the Regional Secretary who will update the National Database. Incomplete forms will be returned. The fraternity minister and secretary must sign this form or type in their name as an authorized signature. Transfers are to be completed on the Transfer Form. \*For submittal to National, "Contact Us" form must be used by database administrator.