

Membership Status Change Form – St Elizabeth of Hungary Region OFS

Fraternity Name		
Fraternity City/ State		
Fraternity Number		
First Name		
Last Name		
Preferred Name (for name badges)		
Primary Street/ Apt Address		
Primary City/ State/ Zip Code		
Telephone (Main)		
Telephone (Cell)		
E-mail Address		
Birthdate (at least year required for Inquiry)		
Change Effective Date:		
Formation Status:	
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)		
Status Change:	
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"/>	
Other:		
Change Tau Status (circle one)	E-mail	Mail
Minister Name/Signature:		
Designee (if not signed by minister):		
Notes/Other:		
Date Submitted:		

This form is to be used for all membership status changes except Transfers. Please complete applicable change sections only and email or send to the Regional Secretary who will update the National Database. Incomplete forms will be returned. The fraternity minister (or designee) 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.