



Reinstated Member Form
Form 83

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 (mm/dd/yyyy)

Chapter of Reinstatement State Organization (Geographic Name, please)

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 []Doctoral []Other:

Chapter Treasurer Name (if submitted by treasurer)