

COUNCIL NOTIFICATION OF WITHDRAWAL OF MULTIPLE MEMBERSHIP

(To be filled out by the Council Recorder Secretary for EACH Council with which the Multiple Member is affiliated and forwarded to the Grand Recorder)

Hall of _____, 20____
Council No. _____
Located At _____
City State

THIS IS TO CERTIFY that this Council, at the Stated Assembly held on _____, 20____
granted Companion _____
Name in Full

the Certificate of Withdrawal of Multiple Membership.

The Companion holds Membership in the following Council(s):

_____ Located At _____
Council Name and Number City State
_____ Located At _____
Council Name and Number City State
_____ Located At _____
Council Name and Number City State

SEAL

Recorder