



Discharge of Charter

Name of Unit: _____

Department of: _____

_____ Voluntary Surrender _____ Revocation of Charter

_____ 990 Information and passwords- (Department/Division VP will file this for 2 years on behalf of Unit until they are no longer eligible to reactivate unit) * List with assets

Unit President Signature _____ **Date:** _____

Unit Treasurer Signature _____ **Date:** _____

I have received the Charter of the above-named Unit. It will be held at the Department/Division level for a period of two (2) years, during said time they are allowed to reactive said unit. After that period, the Charter will be surrendered to the National Office. (This is accordance to the National By-laws Section 555)

Department President/Division V.P: _____

Date: _____

List Any Assets/ Liabilities Relinquished: _____

3 Copies

1. Unit Records

2. Department

3. Division