



**CHECK LIST (FOR OFFICE USE ONLY)**

**Re: Application for Reinstatement**

OF: .....

DATE RECEIVED: ..... BY: .....

FEE PAID: \$..... FORM IN ORDER: ..... ENDORSERS IN ORDER: .....

**ACTION OF EXAMINING BOARD:**

DATE RECEIVED: ..... FAVORABLE: ..... NOT FAVORABLE: .....

OTHER RECOMMENDATIONS: .....

DATE: ..... CHAIR: .....

**ACTION OF COUNCIL:**

APPROVED: ..... NOT APPROVED: .....

DATE: ..... PRESIDENT: .....

**APPLICANT NOTIFIED IN WRITING:**

DATE: ..... BY: .....

EFFECTIVE AS OF: ..... MEMBERSHIP NO: .....