

# APSAA Dropped or Resigned Candidates

INSTITUTE/CENTER:

Authorized Signature: _____	Date: Title:
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**PLEASE LIST CANDIDATES WHO HAVE BEEN DROPPED OR RESIGNED:**

<b>Name:</b>		<b>Date Drop/Resign:</b>
<b>Mailing Address</b>		<b>In Good Standing:</b>
		<b>Comments:</b>
<b>Reason:</b>		
<b>Name:</b>		<b>Date Drop/Resign:</b>
<b>Mailing Address</b>		<b>In Good Standing:</b>
		<b>Comments:</b>
<b>Reason:</b>		
<b>Name:</b>		<b>Date Drop/Resign:</b>
<b>Mailing Address</b>		<b>In Good Standing:</b>
		<b>Comments:</b>
<b>Reason:</b>		
<b>Name:</b>		<b>Date Drop/Resign:</b>
<b>Mailing Address</b>		<b>In Good Standing:</b>
		<b>Comments:</b>
<b>Reason:</b>		
<b>Name:</b>		<b>Date Drop/Resign:</b>
<b>Mailing Address</b>		<b>In Good Standing:</b>
		<b>Comments:</b>
<b>Reason:</b>		

<b>NATIONAL OFFICE USE ONLY</b>		
<b>Removed from Database:</b> /    /	<b>Letter(s) Mailed to Affl. Members:</b> /    /	<b>Init:</b>