

**KAPPA KAPPA IOTA
INACTIVE STATUS REQUEST**

_____ Chapter of _____ State requests that our current member, _____ be considered for Inactive Status.

_____ is unable to participate in chapter activities due to personal infirmities or extreme family circumstances:

Our chapter agrees to pay 50% of her National/State dues each year and will notify National Headquarters should her membership status change. The Chapter President and 2 other current officers must sign:

_____ Date _____
_____ Date _____
_____ Date _____

**Return to: Kappa Kappa Iota National Headquarters
1875 E. 15th St.
Tulsa, OK 74104
918-744-0389
800-678-0389
FAX: 918-744-0578
kappa@galstar.com**