APPLICATION FOR WITHDRAWAL CARD FOR DISBANDED AUXILIARY

Date of Disbandment**:** _____

Worthy Supreme Secretary:

We, the undersigned Officers of the Columbiettes of

_____ Auxiliary in

_____(city and state), certify that the following applicants have paid all indebtedness to the Auxiliary and hereby request that they be issued a Withdrawal Card as of _____(date of disbandment).

ID#	Name	Address	Degree Status

Date: _____ Signatures: _____
President

_____
Financial Secretary

_____
Secretary

Form SOF-8 (2015)