

IVIES BEYOND THE WALL FORM**INSTRUCTIONS:**

Please use this form to list the names of members that have become Ivies Beyond The Wall since your last notification and the disposition of their badge. The Corporate Office will update files accordingly. Please keep a copy for your chapter records.

Please Note: Should a member become an Ivy Beyond the Wall, please notify the Corporate Office within 30 days.

Full Name _____	Maiden Name _____	Cluster _____
Other Names _____	Financial Card Number _____	
Address _____	City/State/Zip _____	
Initiation Chapter _____	Initiation Date (MM/YY) _____	
Location of Standard Badge _____	Date Deceased _____	

Full Name _____	Maiden Name _____	Cluster _____
Other Names _____	Financial Card Number _____	
Address _____	City/State/Zip _____	
Initiation Chapter _____	Initiation Date (MM/YY) _____	
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Chapter _____	Region _____
Cluster _____	
Chapter Basileus Name _____	
Signature _____	Date _____