

Retention Worksheet 20__

COUNCIL NAME	COUNCIL NUMBER	ANNUAL DUES	DISTRICT NUMBER
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MEMBER	HOME PHONE NUMBER	CELL NUMBER	DUES IN ARREARS	Age of Member
STREET ADDRESS	CITY, STATE		ZIP CODE	Years a Member
PROPOSER	HOME PHONE NUMBER	CELL NUMBER	DATE(S) OF CONTACT	CONTACTS VERIFIED BY DISTRICT DEPUTY
RETENTION COMMITTEE CONTACT PERSON	HOME PHONE NUMBER	CELL NUMBER		
RETENTION COMMITTEE COMMENTS / REASON FOR FINAL ACTION				
				ACTION Retain Transfer Suspend Other

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