



Local Unit Memorial Report

Date Mailed: ____ / ____ / ____

Local Unit _____ District Number _____

Local Unit Memorial Chair (name) _____

Address: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

Instructions:

- Submit your reports to the District and state office monthly, except when you have nothing to report.
- If at all possible, report deaths within two months of the date of death.
- Prepare three copies of this form and distribute them as follows:
 - Keep **one copy** for *local file*.
 - Send **one copy** to your *District Memorial Chair*.
 - Send **one copy** to the **NCRSP state office** (NCRSP, Attn: Memorial, PO Box 27347, Raleigh, NC 27611-7347) for inclusion in *Panorama*.

Name of Deceased <i>(Printed; in alphabetical order by last name; check the box if an emeritus* member; enclose newspaper article, if available)</i>	Date of Death <i>(mm/dd/yy)</i>
<input type="checkbox"/> <i>emeritus</i>	
<input type="checkbox"/> <i>emeritus</i>	
<input type="checkbox"/> <i>emeritus</i>	
<input type="checkbox"/> <i>emeritus</i>	
<input type="checkbox"/> <i>emeritus</i>	
<input type="checkbox"/> <i>emeritus</i>	
<input type="checkbox"/> <i>emeritus</i>	
<input type="checkbox"/> <i>emeritus</i>	
<input type="checkbox"/> <i>emeritus</i>	
<input type="checkbox"/> <i>emeritus</i>	

**Emeritus –A Local Unit’s governing board may give a member who becomes incapacitated and is no longer able to renew his/her membership the designation of emeritus member. An emeritus member will have no official status with the Division and should not be included with membership counts. (Bylaw 2: Membership Classes; B.)*

Please submit only names of deceased Members or Members Emeritus of NCRSP.