



Region D Expired Member Retention Report



District Of: _____

For the Month Of: _____

Chapter: _____

GW ID:	LName:	FName:	Address:	City:	State:	Zip:	HPhone:	JoinDate:	TermDate:	Date Cont:

Member Comments: Only wants benefits Does not own bike Moved Deceased

Recruit/Retention Comments:

District Comments: