

# DECEASED MEMBERS

Zeta Amicae of Georgia State  
of  
Zeta Phi Beta Sorority, Incorporated



President \_\_\_\_\_  
Mailing  
Address \_\_\_\_\_  
City and State \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ E-Mail address \_\_\_\_\_  
Fax ( ) \_\_\_\_\_

Amicae  
Sponsor \_\_\_\_\_  
Mailing  
Address \_\_\_\_\_  
City and State \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ E-Mail address \_\_\_\_\_  
Fax ( ) \_\_\_\_\_

## NAMES OF OUR DECEASED

NAME	AUXILIARY	CITY

