

Send to: Women of the Moose
155 South International Dr
Mooseheart, Illinois 60539-1182
Fax #: 630-966-2211

Chapter Name _____

Chapter Number _____

State/Province _____

UPDATES SHOULD BE ENTERED VIA THE ADMIN MENU

REMIT THIS FORM ONLY IF THE INFORMATION CANNOT BE ENTERED ELECTRONICALLY

**NOTIFICATION OF RESIGNATION OR REMOVAL
FROM OFFICE/CHAIR
2011-2012 Chapter Year**

PLEASE CHANGE CHAPTER RECORDS TO INDICATE THAT THE FOLLOWING ELECTED OFFICER, APPOINTED OFFICER, CHAPTER DEVELOPMENT COMMITTEE CHAIRMAN, STANDING COMMITTEE CHAIRMAN OR SPECIAL CHAIRMAN HAS RESIGNED OR HAS BEEN REMOVED FROM HER POSITION:

NAME OF CO-WORKER	ID NUMBER	POSITION HELD
_____	_____	_____
Circle One Below:		DATE OF RESIGNATION/REMOVAL
RESIGNED <input type="checkbox"/>	REMOVED <input type="checkbox"/>	_____
REASON FOR RESIGNATION OR REMOVAL _____		

NAME OF CO-WORKER	ID NUMBER	POSITION HELD
_____	_____	_____
Circle One Below:		DATE OF RESIGNATION/REMOVAL
RESIGNED <input type="checkbox"/>	REMOVED <input type="checkbox"/>	_____
REASON FOR RESIGNATION OR REMOVAL _____		

Senior Regent

Junior Graduate Regent

Junior Regent

Chaplain

Recorder

Secretary /Treasurer

Chapter Seal

Date