

WOMEN OF THE MOOSE  
155 SOUTH INTERNATIONAL DR  
MOOSEHEART, IL 60539-1182  
Fax #: 630-966-2211

CHAPTER NUMBER \_\_\_\_\_  
CHAPTER NAME \_\_\_\_\_  
STATE/PROVINCE \_\_\_\_\_  
NUMBER OF MEMBERS ON ROLLS \_\_\_\_\_

## DISPENSATION TO WAIVE REQUIREMENTS TO NOMINATE AN ELECTED OFFICER

**WAIVE 6 MONTHS MEMBERSHIP REQUIREMENT** Chapter Year \_\_\_\_\_

CO-WORKERS NAME \_\_\_\_\_ MID # \_\_\_\_\_

DATE ENROLLED OR TRANSFERRED \_\_\_\_\_ POSITION \_\_\_\_\_

**Prior to March 15, Chapter must hold 3 or more Nominating Meetings, contact all Chapter members and read the slate before requesting a dispensation. If all of the officers do not sign this form, please state reason.**

DATES OF NOMINATING COMMITTEE MEETINGS 1<sup>st</sup> Date \_\_\_\_\_

2<sup>nd</sup> Date \_\_\_\_\_ 3<sup>rd</sup> Date \_\_\_\_\_

**WAIVE OTHER REQUIREMENTS** Chapter Year \_\_\_\_\_

CO-WORKERS NAME \_\_\_\_\_ MID # \_\_\_\_\_

POSITION \_\_\_\_\_

**Prior to March 15, Chapter must hold 3 or more Nominating Meetings, contact all Chapter members and read the slate before requesting a dispensation. If all of the officers do not sign this form, please state reason.**

DATES OF NOMINATING COMMITTEE MEETINGS 1<sup>st</sup> Date \_\_\_\_\_

2<sup>nd</sup> Date \_\_\_\_\_ 3<sup>rd</sup> Date \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

**Step 2 – WITH DISPENSATION APPROVAL – Return the following information to Women of the Moose Headquarters following Installation of the Co-worker named above:**

**Date co-worker nominated \_\_\_\_\_ Date slate read to chapter \_\_\_\_\_ Date installed \_\_\_\_\_**

\_\_\_\_\_  
Senior Regent

\_\_\_\_\_  
Junior Graduate Regent

\_\_\_\_\_  
Junior Regent

\_\_\_\_\_  
Chaplain

\_\_\_\_\_  
Recorder

\_\_\_\_\_  
Secretary/Treasurer

CHAPTER SEAL

Date \_\_\_\_\_