

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 _____

2011-2012 Chapter Year

**DISPENSATION TO WAIVE REQUIREMENTS
TO NOMINATE AN ELECTED OFFICER (MSC)**

WAIVE 6 MONTHS MEMBERSHIP REQUIREMENT

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 1st Date _____

2nd Date _____ 3rd Date _____

WAIVE OTHER REQUIREMENTS

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 1st Date _____

2nd Date _____ 3rd 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 _____

President

Printed Name Phone #

Vice President

Date

Secretary/Treasurer

CHAPTER SEAL