

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 (MSC)
2011-2012 Chapter Year**

PLEASE CHANGE CHAPTER RECORDS TO INDICATE THAT THE FOLLOWING ELECTED OFFICER, OR COMMITTEE 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 REMOVED		_____
REASON FOR RESIGNATION OR REMOVAL _____		

NAME OF CO-WORKER	ID NUMBER	POSITION HELD
_____	_____	_____
Circle One Below:		DATE OF RESIGNATION/REMOVAL
RESIGNED REMOVED		_____
REASON FOR RESIGNATION OR REMOVAL _____		

President

Printed Name Phone #

Vice President

Secretary /Treasurer

Date

CHAPTER SEAL