

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 _____

For The _____ Chapter Year

**DISPENSATION TO WAIVE REQUIREMENTS
TO NOMINATE AN ELECTED OFFICER**

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 – ONCE APPROVED – Following Installation, return the information below to the Women of the Moose Headquarters

Date co-worker nominated _____ Date slate read to chapter _____ Date installed _____

Senior Regent

Junior Graduate Regent

Junior Regent

Secretary/Treasurer

Recorder

Date