

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 LCL WEB**

**REMIT THIS FORM ONLY IF THE INFORMATION CANNOT BE ENTERED ELECTRONICALLY**

**NOTIFICATION OF RESIGNATION OR REMOVAL  
FROM OFFICE/CHAIR**

**For The \_\_\_\_\_ Chapter Year**

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

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

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

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

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

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Treasurer

\_\_\_\_\_  
Date