

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Recorder

**CHAPTER SEAL**

\_\_\_\_\_  
Date

**EFFECTIVE 05/16**