

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

MEMBERS NAME _____ ID # _____

DATE ENROLLED OR TRANSFERRED _____ POSITION _____

Prior to the Chapter meeting in February, Chapter must hold 2 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 _____

WAIVE OTHER REQUIREMENTS

MEMBERS NAME _____ ID # _____

POSITION _____

Prior to the Chapter meeting in February, Chapter must hold 2 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 _____

REASON FOR REQUEST: _____

STEP 2 – WITH DISPENSATION APPROVAL – 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 Past Regent

Secretary

Treasurer

Date

CHAPTER SEAL

EFFECTIVE 05/21