

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**

**STEP 1** – 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.

**WAIVE 6 MONTHS MEMBERSHIP REQUIREMENT**

MEMBERS NAME \_\_\_\_\_ MID # \_\_\_\_\_  
DATE ENROLLED OR TRANSFERRED \_\_\_\_\_ POSITION \_\_\_\_\_

DATES OF NOMINATING COMMITTEE MEETINGS

1<sup>st</sup> Date \_\_\_\_\_ 2<sup>nd</sup> Date \_\_\_\_\_

**WAIVE OTHER REQUIREMENTS**

MEMBERS NAME \_\_\_\_\_ MID # \_\_\_\_\_  
POSITION \_\_\_\_\_

DATES OF NOMINATING COMMITTEE MEETINGS

1<sup>st</sup> Date \_\_\_\_\_ 2<sup>nd</sup> Date \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_

**(If all officers do not sign this form, please state reason.)**

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

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

Date \_\_\_\_\_

**STEP 2** – WITH DISPENSATION APPROVAL – Return the following information to Women of the Moose Headquarters, for data entry, following Installation of the member named above:

Date member nominated \_\_\_\_\_ Date slate read to chapter \_\_\_\_\_ Date installed \_\_\_\_\_