GWRRA

GWRRA Officer Change/Appointment Worksheet

Please fill in the information below and send worksheet to the appropriate Officer.

Supporting documentation is to be kept on file at the District or Home office.

Position Appointed to:	Retiring Officer (REQUIRED)
Chapter Team and Assistants (Mark Box for position, If Assistant, mark both)	Name:
☐ CD ☐ CT ☐ CRC ☐ CME ☐ ASSISTANT	Membership #:
District Team and Assistants (Mark Box for position, If Assistant, mark both)	Title:
☐ DD ☐ DT ☐ DE ☐ DRC ☐ DUC ☐ DME	Send Letter of Thanks for a Job well done?
☐ DMA ☐ ASSISTANT	☐ Yes ☐ No
TEAM GWRRA DIRECTORS (Mark Box for position, If Assistant, mark both)	
☐ DF ☐ DRE ☐ DU ☐ DME ☐ DMA ☐ EDO ☐ Asst	
☐ Other	

Chapter/District/TEAM GWRRA Information

Chapter: District: TEAM GWRRA:

Personal Information Membership # Exp. Date: /

Applicant's Name:

Co-applicant's Name:

Address: City:

State/Provence: Zip Country:

Phone: Email (required):

Approvals (please sign and print name if mailing, printed name only is acceptable if emailing)

Appointment Date: / / Effective Date: / /

Appointing Officer's Signature/Title:

District/TEAM GW/President Signature:

Appointing Officer Use Only

The following paperwork needs to be filled out, filed and maintained at the District or Home office.
Please check each box to certify the following information is on file and complete.
Incomplete forms will be returned to the Appointing Officer.

Applies to all Officers:

☐ Officer MOU (a copy for all Directors and District Core Officers is required at the Home Office)

Applies to Directors only:

☐	Financial Report/Signature Cards	☐	8822B IRS Change of Address
☐	Tax payer Identification Number	☐	Officer Oath of Office

Applies to Educators only: ☐ Knowledge Level Evaluation

Home office use only

Date Received_____

Date Entered_____

☐ Wing World

☐ Certificate Mailed or verification email sent

☐ Zip Code Updates

Notes_____

TBF

Approved and Revised September 20, 2017; Updated January 22, 2018