



APPLICATION FOR LOCAL CHAPTER TO CHANGE REGION

NAME OF LOCAL CHAPTER: _____ **DATE:** _____

ORIGINAL REGION: _____ **NEW REGION:** _____

Region Director, Original Region

Region Director, New Region

On date _____, the _____ Local Chapter of New York State Women, Inc. held a vote of the members on the question of whether or not to change their Region. The result of the vote was: _____ For _____ Opposed _____ Abstained

Reason for requested change of Region: _____

Local Chapter President, name

Local Chapter Secretary, name

Local Chapter President, signature / date

Local Chapter Secretary, signature / date

This form, along with the minutes containing the vote to change Regions, is to be submitted to the Region Director of the original Region, the Region Director of the new Region, and the President-Elect of New York State Women, Inc., to be distributed to the Executive Committee to be forwarded to the NYSW, Inc. Board of Directors for consideration and approval when required.

NYS Women, Inc Bylaws Article VIII: Section The Board of Directors shall have the authority to change the number of regions and the boundaries of each region.

NYS Women, Inc. MOI Section 1.11 Region Director and Structure: Local Chapters may request to transfer to an immediately adjacent Region

REQUEST FOR TRANSFER APPROVED: _____ **DATE:** _____

Executive Committee Representative, Signature / date

Board Meeting / date

Required if transfer changes the number and/or the boundaries of the regions