

Name Change Application For Local Chapters

Current Name: **Local Chapter:** _____

Proposed Name: _____

This is to certify that the Membership approved the change of name on
_____ **(minutes available upon request).**

Local Chapter President

Date

Local Chapter Recording Secretary

Date

This Form should be returned to:
<mailto:president@nyswomeninc.org>

For use by NYSW, Inc.

Approved by

Name

Date

Charter Issued

Date