

Name Change Application

For Local Chapters

Current Name: NYS Women Inc.

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:

Current NYSW President

Email: President@NYSWomeninc.org

For use by NYSW, Inc.

Approved by _____
Name

Date

Charter Issued _____
Date