



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: _____
<input type="checkbox"/> CD <input type="checkbox"/> CT <input type="checkbox"/> CRC <input type="checkbox"/> CME <input checked="" type="checkbox"/> ASSISTANT	
District Team and Assistants (Mark Box for position, If Assistant, mark both)	Membership #: _____
<input type="checkbox"/> DD <input type="checkbox"/> DT <input type="checkbox"/> DE <input type="checkbox"/> DRC <input type="checkbox"/> DUC <input type="checkbox"/> DME <input checked="" type="checkbox"/> ASSISTANT	Title: _____
<input type="checkbox"/> DMA <input type="checkbox"/> ASSISTANT	Send Letter of Thanks for a Job well done? <input type="checkbox"/> Yes <input type="checkbox"/> No
TEAM GWRRA DIRECTORS (Mark Box for position, If Assistant, mark both)	
<input type="checkbox"/> DF <input type="checkbox"/> DRE <input type="checkbox"/> DU <input type="checkbox"/> DME <input type="checkbox"/> DMA <input type="checkbox"/> EDO <input type="checkbox"/> Asst	
<input type="checkbox"/> Other	

Chapter/District/TEAM GWRRA Information

Chapter: _____	District: _____	TEAM GWRRA: _____
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<u>Personal Information</u>	Membership # _____	Exp. Date: ____ / ____ / ____
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Applicant's Name: _____	
Co-applicant's Name: _____	
Address: _____	City: _____
State/Province: _____	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 GWRRA Signature: _____	

Appointing Officer Use Only	Home office use only				
<p><i>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.</i></p>					
<p>Applies to all Officers:</p> <input type="checkbox"/> Officer MOU (a copy for all Directors and District Core Officers is required at the Home Office)					
<p>Applies to Directors only:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Financial Report/Signature Cards</td> <td><input type="checkbox"/> 8822B IRS Change of Address</td> </tr> <tr> <td><input type="checkbox"/> Tax payer Identification Number</td> <td><input type="checkbox"/> Officer Oath of Office</td> </tr> </table>		<input type="checkbox"/> Financial Report/Signature Cards	<input type="checkbox"/> 8822B IRS Change of Address	<input type="checkbox"/> Tax payer Identification Number	<input type="checkbox"/> Officer Oath of Office
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<input type="checkbox"/> Tax payer Identification Number	<input type="checkbox"/> Officer Oath of Office				
<p>Applies to Educators only:</p> <input type="checkbox"/> Knowledge Level Evaluation					
	Date Received _____ Date Entered _____ <input type="checkbox"/> Wing World <input type="checkbox"/> Certificate Mailed or verification email sent <input type="checkbox"/> Zip Code Updates Notes _____ <p style="text-align: center;">TBF</p>				