CHAPTER REQUEST FOR SPECIAL DISPENSATION Dispensations: Per Article 17 – W.G.M. Power and Duties, Section 10 [10/10]

СН	APTER:NO
LO	CATED AT:
1)	TO ELECT OFFICERS AFTER ELECTIONS AT ANNUAL MEETING. At the Stated Meeting to be held:
	Name & Title:
2)	TO INSTALL OFFICERS NOT INSTALLED ON OR BEFORE THE FIRST STATED MEETING IN NOVEMBER
_)	(Date of Election if applicable:) (Date of Installation:)
	Name & Title:
3)	TO CHANGE THE DATE AND HOUR OF REGULAR (STATED) MEETING. (Chapters may not suspend meetings October, November or December. Law Book – Section 13, page 57) From:To:Reason:
4)	REMOVE A CHARTER FROM ONE BUILDING OR TEMPLE, TO ANOTHER BUILDING, OR TEMPLE. Charters moved from one room to another within the same building do not need a special dispensation. (Members having been previously notified.) From: To:
	Permanent: Temporary: Reason:
5)	REMOVE A CHARTER TO ANOTHER CITY, VILLAGE OR TOWNSHIP THAN THAT NAMED THEREIN, UPON PETITION DULY MADE AFTER TWO-THIRDS VOTE OF APPROVAL BY THE MEMBERS PRESENT AT A REGULAR (STATED) MEETING members having been previously notified. From: To:
	Permanent: Temporary: Reason:

(**OVER...**)

6) TO RECEIVE AND BALLOT ON PETITIONS AT THE SAME STATED MEETING-investigation must be completed.

Date of Investigation	Date of Stated Meeting				
Name:					
Name:					
TO GRANT MEMBERS AND DUAL MEMBERS ELIGIBLE TO VOTE, RESIDING OUTSIDE THE JURISDICTIONAL BOUNDARIES OF MICHIGAN, SPECIAL PERMISSION TO HOLD OFFICE. (Elected or Appointed) Name:Title:					

Address:

7)

8) A \$5.00 fee is required for <u>each</u> above numbered request for Dispensation. If request is denied, the fee will be returned.

9) A fee shall not be required for a Dispensation to: Change the date and/or hour of a regular (stated) meeting, or move the Charter, if such dispensation is obtained to accommodate a Grand Officer or her/his deputy.

A CHECK IN THE AMOUNT OF \$_____ IS ENCLOSED. (Made payable to Grand Chapter O.E.S. of Michigan)

	SIGNED:	TITLE:
Imprint of	ADDRESS:	
Chapter Seal (Dispensation will be returned	CITY:	STATE: ZIP
if Chapter Seal is not affixed.)		

(Please enclose self-addressed, stamped business-size envelope.)