



# CHAPTER CLOSURE APPLICATION

Upon receipt of this application, the GWRRRA International Headquarters will survey the Members of the Chapter to confirm that all available resources were exhausted before the final approval to close the Chapter is made. All closures are subject to the final approval of the Executive Director, and until final approval is granted, the District remains responsible to submit the respective charter fees for the Chapter. **Closure applications must have a final Financial Report, Equipment List and check for the balance of funds remaining in the account in order to be accepted.** Incomplete applications will be returned to the Region Director for follow-up. Failure of the responsible office to comply with these requirements may result in a forfeit of membership and may lead to corrective or legal action.

**Chapter:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State/Prov:** \_\_\_\_\_

**Last Chapter Director:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Number of GWRRRA Members (From Area Report)** \_\_\_\_\_ **Number of active Participants:** \_\_\_\_\_

**When were you first aware that the Chapter was having difficulties?** \_\_\_\_\_

**Reason for Closure:** \_\_\_\_\_

\_\_\_\_\_

(Attach additional sheets if necessary)

**What have you done to prevent the closure?** (Attach additional sheets if necessary)

**District Director:** \_\_\_\_\_

\_\_\_\_\_

**Region Director:** \_\_\_\_\_

\_\_\_\_\_

**What needs to be done to reactivate this Chapter?** (Attach additional sheets if necessary)

**District Director:** \_\_\_\_\_

\_\_\_\_\_

**Region Director:** \_\_\_\_\_

\_\_\_\_\_

Approved – District: \_\_\_\_\_

District Director Signature

Date: \_\_\_\_\_

Approved – Region: \_\_\_\_\_

Region Director Signature

Date: \_\_\_\_\_

Approved – National: \_\_\_\_\_

Executive Director Signature

Date: \_\_\_\_\_