



DATE:

TO: ARMA International Member Services

FROM: _____, Region Manager/Coordinator
_____ Region

SUBJECT: Application for Dormant Chapter Status

As the Region Manager/Coordinator of _____ Region, I have contacted the members listed on the attached list (list will include full names, addresses, telephone and FAX numbers of all members of the chapter going into dormancy). I have discussed with each member the possibilities of restarting chapter activities in accordance with AL 133. It was felt that it would be futile to attempt revitalizing the chapter. I am, therefore, requesting dormant status for the _____ Chapter. Funds in the amount of \$_____ have been withdrawn to close the bank account and have been made payable to "ARMA International" by certified check. It is my understanding that if accepted, the _____ Chapter will go into a dormant status for a period of _____. By the end of that period, the chapter will either be reactivated or dissolution of the chapter may be initiated.

(Region Manager/Coordinator Name) _____ Date _____
_____ Region

(Chapter President's Name) _____ Date _____
_____ Chapter President

(Manager, Member Services' Name) _____ Date _____
Manager, Member Services

(Director, Member Services' Name) _____ Date _____
Director, Member Services