



Minnesota Women of Today

Intent to Reactivate⁷

PLEASE TYPE OR PRINT. Send copies of this form to: State President; Chapter management Vice President, and District Director.

The chapter of _____ has intent to reactivate the _____ chapter.

Number of miles from community _____

Is your chapter willing to make a commitment to assist and support the reactivated chapter for a minimum of two years? Yes No

Have you been approached by anyone to do this? _____ If so, Who? _____

Have you discussed this with your district director? Yes No If not, do so immediately.

District Director _____ District Number _____

Have you set meeting date(s)? No Yes, when? _____

What is your reason for wanting to do this reactivation?

President Signature _____

Print President Name _____

Address _____

Email _____ Phone _____

State Delegate Signature _____

Print State Delegate Name _____

Address _____

Email _____ Phone _____

Reactivation Chairman Signature _____

Print Extension Chairman _____

Address _____

Email _____ Phone _____

Any other pertinent information

⁷ Intent to Reactivate | Revised 2011 | Reviewed 01/18/14 by CMVP