



# Nampa-Tsi Lodge Chapter Leadership Change Lodge Notification Report



*To be filed with the Lodge Secretary immediately after a change in chapter leadership.*

**Please print.**

Chapter (District):  Amoe (Boonslick)    Espan (Mark Twain)    Gawi (Black Diamond)    Sisilijia (Osage Trails)  
 Taleka (Grand Prairie)    Wiechcheu (Five Rivers)    Woapalanne (Kinderhook)

Today's Date: \_\_\_\_\_ Date of Election/Appointment: \_\_\_\_\_

Term of Office - from: \_\_\_\_\_ to: \_\_\_\_\_

*Note: If less than all members of the leadership team change positions, it is a good idea to report all Chapter Officers/members of the incoming leadership team*

Chief:                      Name: \_\_\_\_\_  
Mailing Address Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone No.: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

Vice Chief:                      Name: \_\_\_\_\_  
Mailing Address Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone No.: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

Other 1: \_\_\_\_\_ Name: \_\_\_\_\_  
 Elected                      Mailing Address Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_  
 Appointed                      City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone No.: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

Other 2: \_\_\_\_\_ Name: \_\_\_\_\_  
 Elected                      Mailing Address Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_  
 Appointed                      City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone No.: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

Other 3: \_\_\_\_\_ Name: \_\_\_\_\_  
 Elected                      Mailing Address Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_  
 Appointed                      City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone No.: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

Person completing this report:                      Name: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ E-mail Address(es): \_\_\_\_\_  
Signature: \_\_\_\_\_

*Continue on the back of this form if necessary.*