



Attendance Waiver Request

Date: _____

Name: _____ Chapter: _____

Have you asked for a waiver before?

When? _____

Local Chapter Status:

- 1. Active Yes _____ No _____
- 2. Financial Yes _____ No _____
- 3. Attended Meetings Yes _____ No _____
- 4. Comments by Local Chapter:

Member Signature _____

Chapter President Signature _____

Approved _____ Not Approved _____ Date _____

Reason: