

ALUMNI CHAPTER NAME CHANGE REQUEST FORM

Alumni Chapter Name _____

Name of Submitter _____

Position _____

New Name of Alumni Chapter: _____

Did you and/or the chapter review policy C.21 (www.dsp.org) before taking this action?

Yes No

Was this name change approved by your chapter? Yes No

When and where was this vote conducted? Date: _____ Place: _____

How Does This Name Change Benefit Membership? _____

I, _____, am aware, pending approval of the request stated above, that my alumni chapter must file for an EIN/TIN with the IRS within 30 days. I take responsibility for communicating the new EIN/TIN to the Central Office for insurance purposes.

Signature

Date

Do Not Write Below This Point- For Central Office Use

This request was reviewed by: _____

Approved

Denied

Reasons for Denial: _____

This decision was communicated to _____ On _____

EIN/TIN _____

Signature

Date