



NEW YORK STATE MOOSE ASSOCIATION

Request for Consideration of Elected Office of The New York State Moose Association
(To Be Processed by The Nominating Committee at The State Convention)

Select One (1) Office to be Considered For:

President Vice President Chaplain Treasurer Secretary

Name _____ Age _____
 First Middle Last

Home Address _____ City _____ Zip _____

Phone Number _____ Email _____

Occupation _____ If retired, former _____

Lodge _____ No. _____ Date Joined _____

Moose Legion / Chapter _____ No. _____ Date Joined _____

Your Lodge Dues Paid? Yes No Moose Legion/Chapter Paid? Yes No Exp. Date: _____

Lodge's Association Dues Paid? Yes No

Lodge Offices Positions Held _____

Past President/Governor: Yes No Date Term(s) Served _____

Honorary Past President/Governor: Yes No Date Received _____

Past Senior Regent: *Prior to May 1, 2021* Yes No Date Term(s) Served _____

25 Club? Yes No Division _____ Total Members Signed _____

Fellowship? Yes No Date Received _____ Pilgrim? Yes No Date Received _____

Academy? Yes No Date Received _____ Star? Yes No Date Received _____

College of Regents? Yes No Date Received _____

Moose International Appointments: _____

Past District President? Yes No Date Term(s) Served _____

State Association Committees: _____

Present Association Office or Committees: _____

Other Outstanding Service to your Lodge or Association: _____

Submitted By: (Applicant Signature) _____ Date _____

Recommended By: (Nominating Committee Member) _____ Date _____

ARE YOU PERFORMING, OR WILLING TO PERFORM, ADDITIONAL SERVICES FOR YOUR LODGE
AND THE FRATERNITY? IF SO, EXPLAIN ON THE REVERSE SIDE.