

TRI Leadership Change / Appointment Worksheet

Please fill in the information below and return to the Business Office for all leadership changes *Chapter, District and Regions*. **Supporting documentation is to be kept on file at the International Directors of Operations Office for all other appointments**

MARK POSITION APPOINTED TO:

CHAPTER	DISTRICT	REGION
DIRECTOR	DIRECTOR	DIRECTOR
ASST: DIRECTOR	ASST: DIRECTOR	ASST: DIRECTOR
TREASURER	TREASURER	TREASURER
TRAINER	TRAINER	TRAINER
RIDER ED.	RIDER ED.	RIDER ED.
OTHER: _____		

**Current Leader
(Returning to Active Status)**

Name: _____

Member #: _____

Title: _____

Group: _____ **Member #:** _____ **Exp. Date:** _____

Applicant's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Cell** _____

E-mail: _____

District: _____ **Region:** _____

Appointment Date: _____ **Effective Date:** _____

Approved by: (please sign *and* print name) _____

District Director's signature: _____

Region Director's signature: _____

International Director of Operations signature: _____

FOR RIDER EDUCATION
TRAINERS USE ONLY

CHAPTER APPROVAL _____
DATE _____

DISTRICT APPROVAL: _____
DATE: _____

REGION APPROVAL: _____
DATE: _____

ND APPROVAL: _____
DATE: _____

IF THIS IS A NEW CHAPTER ALSO USE 'NEW TRI CHAPTER WORKSHEET'

Appointing Leader Use Only

The following paperwork needs to be filled out, filed and maintained at the International Director Of Operations & Business Offices. Please initial to certify the following information is on file and complete. Incomplete forms will be returned.

_____ Volunteer Leadership Understanding (VLU)

_____ Leadership Pledge

_____ Privacy Memorandum of Understanding

_____ Tax Payer Identification Number

_____ 8822 IRS Change of Address

_____ Chapter Financial Report / Signature Cards

Business Office use only

Date Rec'd _____

DE _____

TRIKES! _____

CERT/Mailed _____

Zip Codes maintenance _____

Notes _____

TBF