

**GOLDEN STATE MANUFACTURED-HOME OWNERS LEAGUE, INC.**

**CHAPTER ALLOCATION REQUEST**

INITIAL OR ANNIVERSARY

DATE: \_\_\_\_\_

CHAPTER BY-LAWS MUST BE ON FILE IN HOME OFFICE BEFORE ALLOCATION CAN BE PAID.

CHAPTER NAME		CHAPTER NUMBER		
ANNIVERSARY DATE (CHARTER OR REACTIVATION DATE)		#OF MEMBERS IN GOOD STANDING		
REQUESTED BY		TITLE		
ADDRESS	STREET NUMBER	SPACE#	CITY	ZIP CODE

CURRENT CHAPTER OFFICERS:

PRESIDENT _____	MEMBER # _____
VICE PRESIDENT _____	MEMBER # _____
SECRETARY _____	MEMBER # _____
TREASURER _____	MEMBER # _____
MEMBERSHIP CHAIR _____	MEMBER # _____
LEGISLATIVE CONTACT _____	MEMBER # _____

HOME OFFICE USE ONLY

\_\_\_\_\_   
 # Members Verified

BY: \_\_\_\_\_