

**DeMOLAY INTERNATIONAL
CHAPTER
SHUT-DOWN CHECKLIST**

The following information is required when closing down a chapter whose charter has been forfeited:

Chapter name: _____ Chapter #: _____

Locations: _____ Meeting nights: _____

Chapter Charter date: _____

Sponsoring body (name & address): _____

Chapter mailing address: _____

Chairman of Advisory Council or chapter contact: _____

Location of chapter records: _____

Assets: _____

Attach a list of all bank accounts (i.e., checking, savings, life trust, special events, etc.) including: Account#, balances, and the name and address of the current fiduciary trustee.

Who should receive all inquiries and other mailings relating to chapter business? (List name, address and phone number):

Please list reason for change of chapter status:

Do you reasonably expect this chapter to be placed on active status within the next :

6 months 12 months 18 months not at all

Are membership records in order: yes no

Have chapter members been given the opportunity to affiliate with other chapters? yes no

Have you taken possession of the Youth Protection Kit from the chapter? yes no

Signature of Executive Officer