

## SAW Local Chapter renewal application

Each local chapter is expected, according to our by-laws, to renew the charter issued to that group between Jan 1<sup>st</sup> and Jan 31<sup>st</sup> of each year with a **\$75.00** renewal fee attached. Failure to comply during that time frame will result in such charter being placed on a 3-month probation period. Failure to comply during that probation period will result in expiration of their charter.

Also, any chapter that does not qualify under our by-laws with a minimum of 30% of their membership in SAW will immediately forfeit their charter. They may reapply if and when they can meet the by-law requirements.

This document provides the local chapter coordinator with valuable information necessary to maintain contact with each group. This allows updates to each local chapter of time sensitive information about SAW programs. It also helps keep insurance records up to date. Furthermore, it provides information to the Newsletter Director about each group for sharing with non-members in your area.

Please include a check made out to the Scrollsaw Association of the World in the amount of **\$75.00** from your local chapter treasury for this renewal process.

Local Chapter name: \_\_\_\_\_  
(Example only: Such & Such Scrollers)

Geographical location: \_\_\_\_\_  
(Example only: city or counties, State)

Where your meetings take place: \_\_\_\_\_  
(Example only: No name Senior Center)

Meeting Hours: \_\_\_\_\_ Address for above: \_\_\_\_\_  
(1 PM – 3 PM) (123 Easy St / City)

Monthly schedule for membership meetings: \_\_\_\_\_  
(Example only: Third Sunday of each month)

Name of Chapter's newsletter (if you have one): \_\_\_\_\_  
(Example only: newsletter name)

If not already doing so, we highly desire that each local chapter newsletter editor provide a copy of your newsletter to the SAW Dust editor for use in our Local Chapter section news. The editor's mailing address can be found on the SAW web site.

Complete the Membership roster below: Duplicate this page as necessary for additional members

Simply fill out the form below with all of the data requested and have the document signed by the group's Secretary. Mail or return via e-mail to the Local Chapter coordinator whose information can be found on the SAW web site.

	Last Name	First Name	State/Province	SAW member Yes or No
1				
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As Secretary for this chapter, I attest that the above information is correct to the best of my knowledge. Please sign below:

Secretary's signature: \_\_\_\_\_

Date \_\_\_\_\_

Please provide the following information to promote a better level of communication between your Local Chapter and SAW management. It is important that we keep contacts open for easy communication of new programs, options, and updates for SAW activities. Please print clearly or type or word process.

\_\_\_\_\_ email \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
President

\_\_\_\_\_ email \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Vice President

\_\_\_\_\_ email \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Secretary

\_\_\_\_\_ email \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Treasurer

\_\_\_\_\_ email \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Newsletter Editor

\_\_\_\_\_ email \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Web Page Manager

\_\_\_\_\_ email \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Local Chapter SAW Liaison

Completed forms should be returned to the Local Chapter coordinator whose address can be found on the SAW website or in the SAW Dust newsletter.