

MEMORIAL FORM

Please complete this form for any member who has passed away since last annual regional forum. Return to NAWIC director by _____.

If there are none, please show chapter name and return form marked ***NONE***.

Chapter name/number _____

Name of deceased member _____

Date of death _____

Accomplishments in NAWIC (chapter member, number of years, offices held, etc.):

Other accomplishments (something of interest regarding personal or professional life):
