

REGION REDESIGNATION REQUEST FORM

The NDEWA member is requesting of the NDEWA Regional Membership to become a member of the region designated below with the approval of the County Director or DHS Supervisor.

_____, NDEWA member is requesting to redesignate their membership from _____ Region to _____ Region.

Due to: (give reason)

Signature required by all:

County Director or DHS Supervisor: _____ **Date:** _____

NDEWA Member: _____ **Date:** _____

Submit the completed form to a NDEWA Board member.

The request will be acted on at the board meeting immediately following the date a NDEWA board member receives it.

Once the regional redesignation request form is approved, a member cannot switch the region for three years, unless their membership expires.

Board Approved: **Yes:** _____ **No:** _____

NDEWA Board President: _____ **Date:** _____

Original form to: NDEWA sec/treas –
Copies to: NDEWA Member - County Director/DHS - Redesignated Region - Original Region
(Revised 11-21-2008)