

Chairing Request Form

Co-op Name:

Meeting Date: Meeting Location:

Type of Meeting: Annual General Meeting Requisitioned Meeting by Members
 Elections Officer Only Board of Directors Meeting
 Other Members Meeting

If you selected "Other Members Meeting", please describe.

Other important information concerning this request. (Issues the Chair should be aware of ahead of time.)

When will the meeting agenda and meeting package provided to the membership will be ready to be sent to the Chair?

Contact Person for this Request (required):

Email (required): Phone (required):

Request is authorized by the Co-ops Director's at a meeting held on (required):

Name of Authorized Co-op Representative (required):

Please complete form and email to info@cochf.coop