## **Assignment of a DAR Trained Genealogist to a Chapter**

Date:	
	State Chapter Development and Revitalization Commission, Chapter
has requested the assistance of	
The State Volunteer Genealo	gists Committee Chair:
Name	Email address
has recommended the following is willing to accept this assignment	g DAR-trained genealogist who is not a member of this chapter and who nent:
Name	DAR National No
The undersigned approve of the	is assignment:
State Reg	ent's printed name, signature and email address:
Name	Signature
Email address	
State Chapter Development a	nd Revitalization Chair's printed name, signature and email address:
Name	Signature
Email address	
Chapter Regent of	
Chapte	r's printed name, signature and email address:
Name	Signature
Email address	
Assigned DAR traine	d Genealogist's printed name, signature and email address:
Name	Signature
Email address	

A signed copy of this form should be retained by the chapter, the State CDRC Commission Chair and the State Volunteer Genealogists Committee Chair. A copy should also be sent to the Volunteer Genealogists Committee National Chair.