



Web Content Editor Authorization Request

In order to simplify the dues sharing process between CLS National and the local chapters, we are asking that each chapter provide the following information so that direct deposits can be made from CLS National to the bank account of each chapter.

CHAPTER INFORMATION

Chapter Name: _____

Chapter Address: _____

Chapter President: _____

Contact Number: _____

DESIGNATED WEB CONTENT EDITOR

Name: _____

Email: _____

Current CLS Login ID (if any): _____

AUTHORIZATION

We authorize the above named Web Content Editor to make changes to our chapter website hosted by CLS National. We agree that content posted will be consistent with The CLS Statement of Faith, Bylaws, and our signed Chapter Affiliation Agreement.

Chapter President Signature: _____

Date: _____