

Motion-20



AANR-NW MOTION FORM

For Secretary's Use Only

Date ____/____/____

Motion # _____

Amendment # _____

Please check box before applicable meeting:

☐ Spring Board Meeting

☐ Fall Board Meeting

☐ General Assembly Meeting

Motion:

Purpose:

Fiscal Impact:

Maker: _____
Print Name or Committee

Second: _____
Print Name

Signature

Signature

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Results: ☐ Passed ☐ Failed ☐ Tabled ☐ Referred ☐ Out Of Order