**PROPOSED BYLAW CHANGE**

The following form must be completed for *each* individual articlechange. One (1) form per article.

**District/Local:**

**Bylaw Article & Section:**

**Proposed Effective Date:**

**Rationale for Change:**

**CURRENT LANGUAGE:**

**PROPOSED LANGUAGE:**

*(****bold and underline new language,*** *~~strikethrough deletions~~)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **1ST READING** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **2ND READING, DISCUSSION &**

Date Date **VOTE**

\_\_\_\_\_\_\_\_\_\_\_ **# OF MEMBERS IN ATTENDANCE AT VOTE** *\_\_\_*\_\_\_\_\_\_\_\_\_\_\_ **QUORUM REQUIREMENT #**

**Posted no less than seven (7) days in advance of regular/special meeting at which question was considered, in accordance with Official Circular No. 783** *(Required for proposed dues increases only)*

**Voted by secret ballot in accordance with the IAM Constitution** *(Required for proposed dues increases only)*

***(This section is for office use only)***

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| --- | --- | --- | --- |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Print Name* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Signature* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Date* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Book Number* |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Print Name* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Signature* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Date* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Book Number* |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Print Name* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Signature* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Date* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Book Number* |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Print Name* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Signature* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Date* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Book Number* |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Print Name* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Signature* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Date* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Book Number* |