**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)***

|  |  |  |  |
| --- | --- | --- | --- |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**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* |