

SASNA MOTION FORM

Completed by Motion Maker

DATE: _____

MOTION MAKER: _____

MOTION: _____

INTENT: _____

Completed by Policy Chair

POLICY CHANGE YES NO

POLICY NOTES: _____

Completed by Secretary

AFFECTED SUBCOMMITTEE: _____

MOTION SECONDED YES NO (If yes) GROUP NAME: _____

<p style="text-align: center;"><i>2/3 VOTE</i></p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>	<p style="text-align: center;"><i>VOTE ON FLOOR</i></p> <p>Date: _____</p> <p style="text-align: center;">#</p> <p><input type="checkbox"/> FOR <input type="checkbox"/> OPPOSED <input type="checkbox"/> ABSTAIN</p>	<p style="text-align: center;"><i>BACK TO GROUPS</i></p> <p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;"><i>OUT OF ORDER</i></p> <p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;"><i>TABLED</i></p> <p>Date: _____</p> <p style="text-align: center;"><input type="checkbox"/></p>
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