



TRIPLE CITIES AREA SERVICE COMMITTEE - MOTION FORM

Date:

Name:

Group or Officer:

Second (Name):

Group or Officer:

This Motion: (circle correct option)

(A) Creates or changes procedure of the committee.

(B) Is advisory for the fellowship.

(C) Amends(Name the document or policy):

-(by adding language), page paragraph

-(by replacing language), page paragraph

-(by deleting language), page paragraph

(D) Is new

The MOTION reads as Follows: _____

The INTENT reads as follows: _____

Action: YES NO ABSTAIN Carried Failed Tabled Amended