

SEANC Bylaws Amendment Form

District Name: _____

Chairperson Name: _____

Date of District approval: _____

PROPOSED AMENDMENT: Article __, Section (new or existing)

CURRENT WORDING	PROPOSED AMENDMENT	IF ADOPTED, WILL READ

Rationale:

Approved By: Districts _____

I, Chairperson _____, certify that the proposed Bylaws change above was approved by my District at our Annual Meeting in accordance with our District Bylaws.

Chairperson Signature