HOUSE OF DELEGATES AMENDMENTS

Please fill out **ALL** of the information on this electronic/fillable form. Type information directly into spaces on form. It is to be used for amendments that are more than three (3) words in length. Please email completed form to houseofdelegates@mms.org by 12/2, 5:00 p.m. **Important:** Save your form with the following appropriate naming convention: Ref Com {A, B, or C}\_Item #\_Your last name.

REQUIRED INFORMATION

Your Last Name:

Your Email Address:

Your District:       Your Phone Number in Case of Questions:

Reference Committee:

**IMPORTANT:** From the Reference Committee Report Indicate:

Item Number:

Page Number:

Line Number:

Offered as: [ ]  Individual [ ]  District [ ]  Caucus [ ]  Committee/Section

*Please check one item below:*

[ ]  Addition [ ]  Addition of New Resolve(s) or Recommendation(s) [ ]  Deletion [ ]  Addition and Deletion

[ ]  Complete Substitution; replaces *all* of original resolution/report (Brand New Text)

PROPOSED AMENDMENT

Indicate page number and line number from reference committee report and amendment here: