

# 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](mailto: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: _____	Reference Committee: _____
Your District: _____	<b>IMPORTANT:</b> From the Reference Committee Report Indicate:
Your Email Address: _____	Item Number: _____
Your Phone Number in Case of Questions: _____	Page Number: _____
	Line Number: _____
Offered as: <input type="checkbox"/> Individual <input type="checkbox"/> District <input type="checkbox"/> Caucus <input type="checkbox"/> Committee/Section	
<i>Please check one item below:</i>	
<input type="checkbox"/> Addition	<input type="checkbox"/> Addition of New Resolve(s) or Recommendation(s)
<input type="checkbox"/> Deletion	<input type="checkbox"/> <u>Complete</u> Substitution; replaces <u>all</u> of original resolution/report (Brand New Text)
<input type="checkbox"/> Addition and Deletion	

## PROPOSED AMENDMENT

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