

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 12/7, 7:00 p.m. This is a courtesy deadline. (Forms are also used day of HOD.)

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: _____ **IMPORTANT:** From the Reference Committee Report Indicate:
Your Email Address: _____ Item Number: _____
Your Phone Number in Case of Questions: _____ 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 Complete Substitution; replaces *all* of original resolution/report (Brand New Text)
 Addition and Deletion

PROPOSED AMENDMENT

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