

TSRSCNA Motion Submission Form

For Secretary Use Only:

Motion No: _____

Areas Voting: _____

Votes Needed to Pass:

Simple:	2/3 majority:	3/4 majority:
---------	---------------	---------------

MOTION Made	SECONDED	CARRIED	DEFEATED	TABLED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

In Favor: Opposed: Abstained:

Result: _____

Month Published In Minutes: _____

Motion: _____

Intent: _____

Initiated By: _____

Name	Phone #	Service Position/AREA
------	---------	-----------------------

Seconded By: _____

Name	Phone #	Service Position/AREA
------	---------	-----------------------

Date: _____