

Resolution Form

- Policy Resolution Policy # _____
- Position Statement Resolution Topic _____
- Business Resolution

✓ The CB&R Committee will be meeting in the week following the January deadline. In the event that the committee requires clarification, please provide a contact name and phone number.

Contact Name _____ Phone # _____

Whereas _____

Whereas _____

Be it Resolved That _____

MUST HAVE TWO SIGNATURES TO BE CONSIDERED

Submitted by _____
(Signature of person and Local #) Print Name

Seconded by _____
(Signature of person and Local #) Print Name

Submitted on behalf of (if applicable)

- Board of Directors
- Committee Committee Name _____
- SUN District Council District Name _____
- Local