

A m e n d m e n t F o r m

Constitution Amendment Article # _____

Bylaw Amendment Bylaw # _____

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

Contact Name _____ Phone # _____

MUST HAVE TWO SIGNATURES TO BE CONSIDERED

Submitted by _____
(Signature of person and Local # or SUN Nurse ID #) Print Name

Seconded by _____
(Signature of person and Local # or SUN Nurse ID #) Print Name

Submitted on behalf of (if applicable)

Board of Directors

Committee Committee Name _____