Amendment Form

☐ 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 # _____

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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 _____