MACOMB AREA SERVICE COMMITTEE
MOTION FORM

Motion Number: ___________________________  :  Date: ___________________________

Motion made by: (Name) ____________________
Group / Position: _________________________

Second by: (Name) ________________________
Group / Position: _________________________

This motion is (Put a X on one option)
(A) Creates or changes procedure of the committee
(B) Advisory for the Fellowship
(C) Amends
(D) Is New

Name the document or policy: ___________________________

(Put a X on one option)
( by adding language)  Page ______  Paragraph ______  Section ______
( by replacing language) Page ______  Paragraph ______  Section ______
( by deleting language) Page ______  Paragraph ______  Section ______

The MOTION reads as follows:

The INTENT reads as follows:

PRO:

PRO:

PRO:

CON:

CON:

CON:

ACTION_________  YES_________  NO_________  ABSTAIN_________

PASSSED ______  FAILED ______  WITHDRAWN ______  TABLED-UNTIL ______  AMENDED ______

REFERRED TO: ___________________________  BACK TO GROUPS: ___________________________

OUT OF ORDER REASON BEING: ___________________________