Motion Number: ___________________  Status: ___________________  Date: ___________________

Please use Black Ink and Print Legibly

**Area:** Western Wayne Area

**Committee:**

**Member:** Seconded by Frank

**Second (Name):**

This motion (Circle correct option)

(A) Creates or changes procedure of the committee
(B) Is advisory for the Fellowship
(C) Amends
(D) Is New

**Name the document or policy:**

(by adding language) Page ______ Article ______ Section ______ Item ______
(by replacing language) Page ______ Article ______ Section ______ Item ______
(by deleting language) Page ______ Article ______ Section ______ Item ______

The **MOTION** reads as follows: **Helpline Subcommittee adopt the VAP application for trial and discussion at the helpline meeting.**

The **INTENT** reads as follows: **Expands accessibility and ease function. Not to replace current system, study this.**

**PRO:**

**PRO:**

**PRO:**

**CON:**

**CON:**

**CON:**

**ACTION**

- Yes
- No
- Abstain

**CARRIED**

**FAILED**

**WITHDRAWN**

**TABLED UNTIL:**

**AMENDED**

**REFERRED TO:**

**PURPOSE:**

**OUT OF ORDER REASON BEING:**

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Note: Any and all motions submitted for consideration must have the purpose and intent stated legibly in writing and must be presented on an Regional Motion Form. Please use Black Ink. Approved September 29, 2013