



RESOLUTION

Submitted by:

Unit Name: _____ City _____ Unit # _____ Dist. # _____

Contact Name: _____ Phone # () _____

Subject: _____ Date: _____

Signature of UNIT President/Secretary: _____ Date: _____

Signature of DISTRICT President/Secretary: _____ Date: _____

Resolution:

FOR DEPARTMENT USE ONLY:

Resolution # _____ Program: _____

Committee Chair Name/Signature:

_____ Date: _____ Approved Rejected Revised

_____ Date: _____ Approved Rejected Revised

_____ Date: _____ Approved Rejected Revised

Convention Action: Approved Rejected Date: _____