 **COMBAT VETERANS MOTORCYCLE ASSOCIATION**

**BYLAW CHANGE PROPOSAL**

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| **Submitter (Name of Full Member, Chapter #) :** | **Contact Person:** |
| **Email Address:** | **Contact Telephone #** |
| **Change the bylaws does the following: Indicate Article(s), Sections and Subsections:**  **Amend Add Delete Article Section Subsection** | |
| **Changes shown here See attached** | |
| **Justification for change shown here See attached**  X | |
| **Chapter Endorsement:**  **Chapter #** | **By Chapter Officer: Indicate name & position** |
| **State Rep. Name & Signature:** | |
| **BYLAWS COMMITTEE ACTION: FORWARD \_\_\_ TABLE \_\_\_ RETURN\_\_\_** | |
| **MEMBERSHIP ACTION: APPROVE: \_\_\_\_\_ DISAPPROVE: \_\_\_\_\_** | |