 **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: \_\_\_\_\_**  |