



BYLAWS AMENDMENT FORM

(Use this form or follow this format)

ARTICLE NUMBER: _____

ARTICLE NAME: _____

RATIONALE: *Please give a full and complete explanation of why you feel this amendment should be passed. Include an impact statement if it is not clear what changes would be brought about by the passage of this amendment.*

PROPOSED AMENDMENT: *Actual language from bylaws with deletions crossed out and new language in bold and underlined. If all new language, indicate that.*

HOUSEKEEPING NOTE: *Point out any renumbering or simple grammar or order changes that are required by this proposal.*

SPONSOR:

Your Printed Name

Your Chapter Name

Best phone or email address to reach you at: _____

Signed: _____

Mail to: Public School Employees of Washington/SEIU Local 1948
Bylaws Committee
P.O. Box 798,
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