HOUSE OF DELEGATES AMENDMENTS

Please fill out **ALL** of the information on this electronic/fillable form. Type information directly into spaces on form. It is to be used for amendments that are more than three (3) words in length. Please email completed form to [houseofdelegates@mms.org](mailto:houseofdelegates@mms.org?subject=AMENDMENT%20Ref%20Com%20%7bA/B/%20or%20C%7d_Item%20#_Your Last Name) by 12/2, 5:00 p.m. **Important:** Save your form with the following appropriate naming convention: Ref Com {A, B, or C}\_Item #\_Your last name.

REQUIRED INFORMATION

Your Last Name:

Your Email Address:

Your District:       Your Phone Number in Case of Questions:

Reference Committee:

**IMPORTANT:** From the Reference Committee Report Indicate:

Item Number:

Page Number:

Line Number:      

Offered as:  Individual  District  Caucus  Committee/Section

*Please check one item below:*

Addition  Addition of New Resolve(s) or Recommendation(s)  Deletion  Addition and Deletion

Complete Substitution; replaces *all* of original resolution/report (Brand New Text)

PROPOSED AMENDMENT

Indicate page number and line number from reference committee report and amendment here: