

# SASNA MOTION FORM

*Completed by Motion Maker*

DATE: \_\_\_\_\_

MOTION MAKER: \_\_\_\_\_

MOTION:

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INTENT:

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*Completed by Policy Chair*

POLICY CHANGE  YES  NO

POLICY NOTES:

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*Completed by Secretary*

AFFECTED SUBCOMMITTEE: \_\_\_\_\_

MOTION SECONDED (If yes) GROUP NAME:  
 YES  NO \_\_\_\_\_

<p style="text-align: center;"><i>2/3 VOTE</i></p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>	<p style="text-align: center;"><i>VOTE ON FLOOR</i></p> <p>Date: _____</p> <p style="text-align: center;">#</p> <p><input type="checkbox"/> FOR <input type="checkbox"/> OPPOSED <input type="checkbox"/> ABSTAIN</p>	<p style="text-align: center;"><i>BACK TO GROUPS</i></p> <p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;"><i>OUT OF ORDER</i></p> <p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;"><i>TABLED</i></p> <p>Date: _____</p> <p style="text-align: center;"><input type="checkbox"/></p>
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