



COMBAT VETERANS MOTORCYCLE ASSOCIATION



Name & # of Chapter or Member Submitting :		Contact Person:	
Email Address:		Contact Telephone #	
This request to change the bylaws does the following:		Indicate which Article(s), Sections and Subsections are affected:	
<input type="checkbox"/> Amend	<input type="checkbox"/> Add	<input type="checkbox"/> Delete	Article <input type="checkbox"/> Section <input type="checkbox"/> Subsection <input type="checkbox"/>
<input type="checkbox"/> Changes shown here		<input type="checkbox"/> See attached	
<input type="checkbox"/> Justification for change shown here		<input type="checkbox"/> See attached	
Chapter Endorsement:		By Chapter Officer: Indicate name & position	
Chapter # <input type="text"/>	<input type="text"/>		
State Rep. Name & Signature:			
BYLAWS COMMITTEE ACTION: FORWARD ___ TABLE ___ RETURN ___			
MEMBERSHIP ACTION: APPROVE: ___ DISAPPROVE: ___			