

AMERICAN LEGION AUXILIARY DEPARTMENT OF NEBRASKA

AMENDMENT

Office only: Proposal # _____ Date Submitted: _____

Check one box

Constitution Bylaws Standing Rules

Description and Location:

Current Wording	Proposed Amendment	If Adopted, Will Read	Rationale

Proposed by:

Additional Rationale:

Consequential amendments:

Routing:

Committee Chairman Name(s):

_____ Recommend Not Recommend Recommend with Amendment

_____ Recommend Not Recommend Recommend with Amendment

_____ Recommend Not Recommend Recommend with Amendment

Final Action: Approved _____ Rejected _____ Date _____