

PROPOSED AMENDMENT _____

Delegate Assembly Action: Adopted _____ Not Adopted _____ Referred to:

HSTA-R Board of Directors: Supports _____ Opposes _____ No Recommendation _____ Not Reviewed _____

District Caucus: Supports _____ Opposes _____

1. Rationale:

2. HSTA-R Bylaws

Article: Section: Paragraph#: Letter: Page:

3. Exact Wording: Quote entire portion affected with changes underlined and indicate deletions, if any, with brackets ([]) where words or phrases are deleted. If more than one word or phrase is to be amended, the entire portion should be bracketed, and the new portion, which replaces it, should be underlined.

Cross Reference

HSTA-R Bylaws:

Article: Section: Paragraph#: Letter: Page:

Article: Section: Paragraph#: Letter: Page:

Article: Section: Paragraph#: Letter: Page:

(Write additional cross references on separate sheet and attach.)

Estimated cost to HSTA-R and basis or source of estimate: -0-

Submitted by:

Name of author/district

Residence telephone number:

Address:

Signature of author _____