



COMBAT VETERANS MOTORCYCLE ASSOCIATION



CHAPTER 23-7 POLICY PROPOSAL

Proposal #

Submitter (Name of Full Member, or if by chapter, # of Chapter) :

Date:

Email Address:

Contact Telephone #

Request the following Policy:

Indicate which Policy if affected:

Add Amend Delete

Policy

Policy shown here Attached

Justification for Policy or change shown here Attached

MEMBERSHIP ACTION:

APPROVE:

DISAPPROVE:

Motion: _____

2nd: _____

Yea: _____

Nay: _____