

ORSCNA Regional Motion Form

Motion #:

Date Submitted:

(To be assigned by Secretary)

Motion:

** If motion changes policy, please indicate the section(s).

Intent:

Maker:

Seconded By:

Pro:

Con:

MOTION IS TO BE BROUGHT BACK TO GROUPS TO BE VOTED ON? YES NO

Vote: For Against Abstain

Disposition of Motion: Carried Defeated Tabled

Motion referred to committee, until

Other rulings: