

# 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: