

NA

CENTRAL PIEDMONT AREA OF NARCOTICS ANONYMOUS

NA

MOTION FORM

DATE: \_\_\_\_\_

MOTION FROM: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_

TREASURER SIGNOFF/COMMENTS: \_\_\_\_\_

MOTION READS AS FOLLOWS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*  
DO NOT FILL OUT BELOW THIS LINE!!!!!!!!!!!!MOTION#  
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HOUSEKEEPING \_\_\_\_\_ GSR'S \_\_\_\_\_ TAKE BACK \_\_\_\_\_

DOES THIS MOTION AFFECT POLICY? \_\_\_\_\_ YES, WHICH ONE \_\_\_\_\_

\*\*\*\*\*

PRO #1: \_\_\_\_\_

PRO #2: \_\_\_\_\_

CON #1: \_\_\_\_\_

CON #2: \_\_\_\_\_

CALL FOR A VOTE: \_\_\_\_\_ F \_\_\_\_\_ Ag \_\_\_\_\_ Ab \_\_\_\_\_

CARRIED

FAILED

TABLED

AMENDED