**Bylaws Amendment Form**

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FFA Chapter

Please complete the following clearly and completely.

Current Bylaws Language:

Proposed Amendment to the Bylaws:

Rationale for the Amendment:

Official Motion:

Please submit the completed form by April 14th to:

Tami Neighbors

1 North Capitol, Suite 600

Indianapolis, IN 46204

tneighbors@isda.in.gov