

MOTION FORM NORTHERN LIGHTS AREA Date: _____

Motion Made by: _____ Position: _____

Second Made by: _____ Position: _____

Motion Reads: _____

Intent of Motion: _____

Financial Impact on Area: _____

<u>Amount</u>	<u>Make Checks Payable To</u>	<u>To Be Spent For</u>
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

Motion Status == For Secretary Use Only			
1) Motion Withdrawn			
2) Motion to Table – Made by _____		Second by _____	
Yes _____	No _____	Abstain _____	Motion to table: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
3) Motion to Amend – Made by _____		Second by _____	
Yes _____	No _____	Abstain _____	Motion to amend: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
4) Main Motion Yes _____	No _____	Abstain _____	Motion: <input type="checkbox"/> Pass <input type="checkbox"/> Fail