

<i>Member Submitting Request</i>					
First Name		Last Name			
Address					
City		State		Zip Code	
Cell Phone		Home Phone			
Church Member	<input type="checkbox"/> Yes or <input type="checkbox"/> No	Email Address			

SUGGESTED CHANGES/DELETIONS/CORRECTIONS

Change Deletion Correction Addition

Article [_____] and Section [_____] affected Add New Article and Section

DESCRIBE CHANGE, DELETION, CORRECTION OR ADDITION

SIGNATURE _____

FOR BYLAWS COMMITTEE USE ONLY

<input type="checkbox"/> Submitted to By Laws Committee	Date	
<input type="checkbox"/> By Laws Committee Consideration Meeting	Date	
<input type="checkbox"/> By Laws Modification Accepted	Date	
<input type="checkbox"/> By Laws Modification Rejected		
<input type="checkbox"/> By Laws Submitted for Church Approval	Date	