

SCPA AMENDMENT OF BYLAWS PETITION FORM

Date Issued: _____

Date of Expiration (45 Day's): _____

Issuing Secretary of Association Signature: _____

Total Members _____ X33%= _____ Total Signatures Required

Signatures with incomplete or unreadable information are null and void and will not be counted

Proxy signatures are not allowed

No Alterations to this form shall be permitted

Article # _____ Subsection _____

To be replaced with the following language: _____

	Print Name	Signature	Job Title	Date Signed	Phone #
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Date Turned into SCPA Office _____

Signature of Officer accepting the form _____

Signatures of Executive Board after the confirmation of Signatures.

President _____ Date: _____

Vice President _____ Date: _____

Treasurer _____ Date: _____

Secretary _____ Date: _____