Motion Number: _____

Humboldt County Democrats
Motion/Resolution Form

Date: _____

I move that:

_____
_____
_____
_____
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_____
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_____
_____
_____
_____
_____

Both you and the individual seconding your motion must be present during the meeting it is to be considered for the motion to be heard.

Maker of the Motion: _____
Print your name clearly

Second to the Motion: _____
Print your name clearly

DO NOT WRITE BELOW THIS LINE

Amended? YES ☐ NO ☐ (See Amending Motion Form)

Passed? ☐ Defeated? ☐ Tabled? ☐

Main Motion: Passed? ☐ Defeated? ☐ Tabled? ☐