Motion Form for the Central Minnesota Area of Narcotics Anonymous

Date_____ Motion #_____

Maker of motion_____
Trusted servants position_____

Second_____ Trusted servants position_____

MOTION: (ALL MOTIONS SHOULD BE CLEAR, CONCISE & COMPREHENSIVE.)

_____

_____

_____

_____

_____

_____

INTENT: (ALL MAIN MOTIONS MUST INCLUDE INTENT)

_____

_____

_____

AMENDED TO:

_____

_____

_____

****

POLICY ACTION: YES_____ NO_____ ABSTENTIONS_____

MOTION CARRIED, FAILED, AMENDED, TABLED TO:_____
PRO_____ CON_____
PRO_____ CON_____
PRO_____ CON_____
CHAIRS SIGNATURE:_____
POLICY CHAIRS SIGNATURE:_____