## **PROPOSED LEGISLATION FORM**

DATE OF SUBMISSION		
NAME OF PERSON SUBMITTING BILL		
DISTRICT		CONFERENCE
ADDRESS		
PHONE NUM	BER	EMAIL
Select the Appropriate Response		
CHECK ALL THAT APPLY This bill has been reviewed, discussed and is supported at the following levels		
Local Ch Lay Organi		nce Conference Lay Distric Conference Lay Organization
<b>COMPLETE THE FOLLOWING</b> Indicate any financial implications in the Rationale section of the form		
Title of Bill		
Reference		
Intent		

Rationale

## **CURRENT TEXT: Quote applicable portion of current legislation**

## PROPOSED NEW WORDING: Include article, section, and subsection

