



Tar-Roanoke Area MOTION FORM



Motion # _____

Date: _____

Mover - _____
(person)

(GSR)Seconded - _____
(person)

(group or position if any)

(active home group)

Motion:

Intent:

Amendment: _____

Financial Impact:

Policy Affected:

Vote: Pass/ Fail ____ For ____ Against ____ Abstain

Amendment: Pass/ Fail ____ For ____ Against ____ Abstain

Is this a POLICY change motion? _____