

**ELVANA MOTION FORM**

**DATE:** \_\_\_\_\_

**MOTION MADE BY:** \_\_\_\_\_ **SECONDED**

**BY:** \_\_\_\_\_

**MOTION:** \_\_\_\_\_

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**INTENT OF MOTION:**

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\_\_\_\_\_

\_\_\_\_\_

***TO BE COMPLETED BY SECRETARY***

**AMENDMENT (IF ANY):-**

**AMENDMENT MADE BY:**

**SECONDED BY:**

**MOTION TALLY: FOR:** \_\_\_\_\_ **AGAINST:** \_\_\_\_\_ **ABSTENTIONS:** \_\_\_\_\_

**AMENDMENT: FOR:** \_\_\_\_\_ **AGAINST:** \_\_\_\_\_ **ABSTENTIONS:** \_\_\_\_\_

**TYPE OF VOTE: CLOSED BALLOT UNANIMOUS CONSENT ROLL CALL HAND/DIVISION**

**MAJORITY NEEDED: SIMPLE THREE QUARTERS**