



NVDEMS

NEVADA STATE CENTRAL COMMITTEE MOTION FOR RESOLUTION/RECOGNITION FORM

DATE: _____

I move that:

*Both you and the individual seconding your motion
must be present at the meeting it is scheduled for in order for the motion to be heard.*

Print your name: _____

County: _____

Seconded by: _____

County: _____

DO NOT WRITE BELOW THIS LINE

Motion Number: _____

Amended: Yes _____ No _____

Amendment: Passed _____ Defeated _____ Tabled _____ N/A _____

Main Motion: Passed _____ Defeated _____ Tabled _____