

# MAFCA MOTION FORM

Fill out this form for any motion you plan to raise  
at the next Board of Directors meeting

MOTION # \_\_\_\_\_

MOTION MADE BY: \_\_\_\_\_

POLICY NAME & NUMBER IF PART OF MOTION: \_\_\_\_\_

MOTION

SECOND BY: \_\_\_\_\_

VOTE: DAVID W \_\_\_\_\_ KAY \_\_\_\_\_ DAVE L \_\_\_\_\_ TOM \_\_\_\_\_ CHUCK \_\_\_\_\_ MIKE \_\_\_\_\_ DOUG \_\_\_\_\_ DAN \_\_\_\_\_

Rev 06/09/20

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