

**Motion Form for the Central Minnesota Area of Narcotics Anonymous**



Date\_\_\_\_\_

Motion #\_\_\_\_\_

Maker of motion\_\_\_\_\_

Trusted servants position\_\_\_\_\_

Second\_\_\_\_\_ Trusted servants position\_\_\_\_\_

MOTION: (ALL MOTIONS SHOULD BE CLEAR, CONCISE & COMPREHENSIVE.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTENT: (ALL MAIN MOTIONS MUST INCLUDE INTENT)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMENDED TO:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

POLICY ACTION: YES\_\_\_\_\_ NO\_\_\_\_\_ ABSTENTIONS\_\_\_\_\_

MOTION CARRIED, FAILED, AMENDED, TABLED TO:\_\_\_\_\_

PRO\_\_\_\_\_ CON\_\_\_\_\_

PRO\_\_\_\_\_ CON\_\_\_\_\_

PRO\_\_\_\_\_ CON\_\_\_\_\_

CHAIRS SIGNATURE:\_\_\_\_\_

POLICY CHAIRS SIGNATURE:\_\_\_\_\_