NYSTCA BY-LAW CHANGE REQUEST

Name:_____ Town: _____

Address: _____

Phone: _____ E-Mail: _____

Change Requested

Article: _____ Section: _____

Current Wording: _____

_____

_____

_____

_____

Proposed Wording: _____

_____

_____

_____

_____

Reason for Proposed Change: _____

_____

_____

_____

Signature: _____ Date: _____