 **PROPOSED SOUTH DAKOTA FEDERATION RESOLUTION**

Submit to SD Federation Secretary

Due by February 1

**Date Submitted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Subject:**
2. **Submitted by:**

Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Number \_\_\_\_\_\_\_\_\_\_\_

Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Number \_\_\_\_\_\_\_\_\_\_\_

Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Number \_\_\_\_\_\_\_\_\_\_\_

(three members required)

**OR**

Chapter Number: \_\_\_\_\_\_\_\_\_\_\_\_

**OR**

Federation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Federation Action**: \_\_Adopted \_\_Adopted as Amended \_\_Rejected \_\_Sent to National

Date of meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **WHEARAS:** (*Provide the reason that the membership should take the proposed action. Limit to no more than three paragraphs)*
2. **BE IT RESOLVED:** (*Proposed action membership should take.)*
3. **Estimated Annual Cost:** (*Necessary for informed decisions)*