



## NOTICE OF MOTION

Motions for proposing changes or additions to the Archery ACT Society Inc Constitution and Rules will only be accepted when presented on this form.

<b>Mover of Motion</b>	
<b>Affiliated Club:</b>	
<b>Mover contact details:</b> (Telephone and/or e-mail)	
<b>Date Submitted:</b>	
<b>Motion:</b> <i>(Provide exact wording, use separate sheets if necessary)</i>	
<b>Clause or Proposed Clause Number</b>	
<b>Reason for motion and explanation of motion</b> <i>(Use separate sheets if necessary)</i>	
<b>Cost implications</b>	
<b>Proposed implementation date or schedule with resources required</b>	
Signature of Mover	
Signature of ACT delegate in support of mover	



Archery ACT Society Inc, PO Box 5104, Lyneham, ACT, 2602,

ABN: 39 226 435 770

ARCHERY ACT SOCIETY INC USE ONLY	
Motion Reference	
Date received	
Date distributed to members	
Date of Special Resolution	
Comments	
DECISION ON MOTION (circle)	
APPROVED	DISMISSED
<i>As a current member of the Archery ACT Society Inc committee, I confirm the decision made in relation to the attached motion following processes outlined the Association's constitution.</i>	
Signature:	Signature:
Name:	Name:
Position:	Position:
Date:	Date:
Date lodged with ACT government:	