



Granite State Area of Narcotics Anonymous Motion Form

Motion Number: _____

Date: _____

Policy Change: Y / N (Policy change requires 2/3 majority vote to pass).

Made by: _____

Second By: _____

MOTION:

INTENT:

RESULTS: #FOR # AGAINST #ABSTAIN

Motion: Passes Fails Withdrawn Tabled to:

AMENDMENT TO MOTION: Made by _____ **Second** _____

RESULTS: #FOR # AGAINST #ABSTAIN

Amendment: Passes Fails Withdrawn Tabled to: