

# BYLAWS AMENDMENT FORM

ARTICLE NUMBER: \_\_\_\_\_

ARTICLE NAME: \_\_\_\_\_

RATIONALE: *Please give a full and complete explanation of why you feel this amendment should be passed. Include an impact statement if it is not clear what changes would be brought about by the passage of this amendment.*

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PROPOSED AMENDMENT: *Actual language from bylaws with deletions crossed out and new language in bold and underlined. If all new language, indicate that.*

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HOUSEKEEPING NOTE: *Point out any renumbering or simple grammar or order changes that are required by this proposal.*

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SPONSOR: *Print your name and chapter name*

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

**Mail to:** Board of Directors  
Bylaws and Resolutions Amendments  
PSE  
P.O. Box 798  
Auburn, WA 98071