	AMHA LO	C CHANGE PF	OPOSAL FOR	RM	_		
(OFFICE) Signature and Date	Received:			Change Proposal	Number:		
AMENDMENTS These Licensed Officials C without notice, by the Regularization directed.							
Originators Name:		Mem	bership #:	Date:			
Daytime Phone # : Email:							
LOC PREFIX CODE & Section (Only one Change per Form)	OC PREFIX CODE & Section #: Only one Change per Form)			Page # in Current Rule Book:			
Specify whether the proposal	is a Change: _	Addition:	Deletion	n: Houseke	eping:	-	
Recommended Rule Change should be written exactly as it will appear in the Rule Book: (Use Page 2 if needed)							
PRINT NAME	SIGNATURI	E (unsigned fo	rm and multipl	le signatures will r	not be cons	sidered)	
LOC require NO co-signatu	res						
Prior to Annual Meeting form can be mailed to: AMHA, Val Shingledecker, 5601 S. Interstate 35 W, Alvarado, TX 76009, faxed to: 817-783-6403 or emailed to: val@amha.org							
For office Use Only: All proposed amendments will be reviewed by staff, Executive Director (if applies), and then passed on with an impact statement to the appropriate committee(s) for evaluation.							
Refer to Committees:					Passed	Failed	