

MOTION FORM

DATE: 7-17-24

MADE BY: Irene B- AAPP & ASBR Task Force Chair
(Name) (Position – GR & Grp Name / Officer / Coordinator / Cmte Chair)

SECONDED BY: _____
(Name) (Position – GR & Grp Name / Officer / Coordinator / Cmte Chair)

MOTION: Motion to accept the Ohio Area 44 Alateen Safety and Behavioral Requirements (ASBR),
(Please print clearly and state entire motion)

as revised by the ASBR Alateen Task Force, and reviewed by Ohio

legal counsel.

MOTION #: _____ **Motion for:** Handbook _____ Bylaws _____

Simple Majority (votes needed): _____ **Substantial Unanimity (votes needed):** _____

FOR: _____ **AGAINST:** _____ **ABSTENTION:** _____ // **PASS:** _____ **FAIL:** _____