



AMENDMENT FORM

STEP 1 — READ INSTRUCTIONS

- A completed form is **required** to make an amendment. **Submit form to aflanigan@gafp.org by Wednesday, November 11th**
- **Only** the **District Delegate** may submit and introduce an amendment.

STEP 2 – COMPLETE THE FOLLOWING:

Your name: _____

Your cell phone number: _____

Your district: _____

STEP 3 — REFERENCE COMMITTEE REPORT:

Item Title: _____

- ADDITION** (*In addition to current resolution*)
- DELETION** (*Removes current wording*)
- SUBSTITUTION** (*Replaces current wording altogether*)
- STRIKING OUT** and **INSERTING**

STEP 4 — PLEASE INSERT YOUR RESOLUTION AMENDMENT BELOW. PLEASE DOCUMENT YOUR SUGGESTED CHANGES TO THE RESOLUTION USING THE “TRACK CHANGES” FEATURE IN MICROSOFT WORD.

Example: RESOLVED, That the Georgia Academy of Family Physicians support insurance coverage of acupuncture for pain control when ordered by a licensed physician or licensed collaborating advanced clinician on their practice team.

Insert Suggested Amendment Below:

STEP 5— PLEASE USE THE INFORMATION BELOW WHEN SPEAKING TO THE RESOLUTION:

State your name _____ a delegate with District # _____

I am offering an amendment on Item Title: _____ on behalf of myself or my district (**Select one**).