

AMENDMENT FORM

STEP 1 — READ INSTRUCTIONS

- A completed form is **required** to make an amendment. **Submit form to aflanigan@gafp.org**
- **Only** a **Voting Delegate** may submit and introduce an amendment.

STEP 2 – COMPLETE THE FOLLOWING:

Your name: _____

Your cell phone number: _____

Your district/city _____

STEP 3 — REFERENCE COMMITTEE REPORT ON *(Please check one)*:

Item # _____ Resolution No. _____

- 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 from the _____ district

I am offering an amendment on Item #: _____, Resolution #: _____ on behalf of myself or my delegation **(Select one)**.