The Fire Fighters' Association Of Ontario
Motion Form

Mover ☐ Department ☐ Delegate
☐ Life Member ☐ Auxiliary

Name : _____
Address: _____
Telephone: _____

☐ Constitution ☐ By-Law

Section: _____
Sub Section: _____
Paragraph: _____
Sentence: _____

Motion:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Date: _____
Signature: _____

Received by Laws & Legislation Committee

Date: _____
Chairperson: _____

☐ Passed ☐ Rejected

Date: _____
President: _____

Revised October 2005