



## TEXAS CRIME PREVENTION ASSOCIATION BY-LAW PROPOSAL SUBMISSION FORM

<b>NAME:</b>		<b>DATE:</b>				
<b>EMAIL:</b>		<b>PHONE:</b>				
<b>REGION:</b>		<b>TYPE OF MEMBERSHIP:</b> (Please Circle)	<b>Active</b> <b>Honorary</b>	<b>Sponsor</b> <b>Life</b>	<b>MEMBERSHIP STATUS:</b>	
<b>BY-LAW PROPOSAL</b> (Please fill-in all blanks)						
<b>ARTICLE NUMBER:</b>		<b>Page #:</b>				
<b>ARTICLE TITLE:</b>		<b>SECTION:</b>				
<b>DATE SUBMITTED:</b>		Submit to TCPA Secretary email: <a href="mailto:secretary@tcpa.org">secretary@tcpa.org</a> <b>90 days</b> prior to first day of summer conference. (By Midnight, 04/13/2021)				
<b>ORIGINAL BYLAW:</b>						
<b>PROPOSED BYLAW CHANGE:</b>						



MEMBER'S JUSTIFICATION OR SUPPORTING DATA TO CHANGE, ALTER, OR AMEND THE BYLAW.

CERTIFICATION OF AUTHORSHIP: I certify that I am the author of this form written in my own words except where indicated by quotation marks or original by-law, and it was prepared by me.

MEMBER SIGNATURE: \_\_\_\_\_  
DATE

TCPA SECRETARY SIGNATURE: \_\_\_\_\_  
DATE

TCPA BY-LAW CHAIR SIGNATURE: \_\_\_\_\_  
DATE

*Must be submitted to TCPA Secretary 90 days prior to first day of summer conference.*

(TCPA EXECUTIVE BOARD USE ONLY:)

DATE OF RECIEPT: \_\_\_\_\_ DATE OF MEMBERSHIP NOTICE: \_\_\_\_\_

PERSON RESPONSIBLE FOR SUBMISSION OF MEMBERSHIP NOTICE: \_\_\_\_\_

DATE OF MEMBERSHIP HEARING AND VOTING: \_\_\_\_\_

STATUS AND DATE OF DISPOSTION OF BY-LAW PROPOSAL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_