**DELTA SIGMA THETA SORORITY, INC.**

**A Service Sorority**

**GUIDELINES ON WRITING AND SUBMITTING**

**PROPOSED AMENDMENT TO THE HALL COUNTY ALUMNAE CHAPTER POLICIES & PROCEDURES**

These guidelines are intended to provide the essential information you will need to submit a proposed amendment to the **Hall County Alumnae Chapter** Policies & Procedures Committee.

* All proposed amendments must be typed and submitted on the chapter proposed amendment form.
* Use one (1) form for each proposed amendment. This form will ensure the proposed wording is **clear** and **concise**; and, ensure that each form is **completed** in its entirety.
* The preferred submission format is Microsoft Word or another word processing software. (No pdf files.)
* The completed form must include the name of the sponsoring member, email, and phone number.
* Completed proposed amendments, along with any supporting documentation, must be emailed to **Hall County Alumnae Chapter** **NO LATER THAN December 16, 2023.**
* Before submitting, it is important to consider the impact of the proposed amendment on other chapter policies, governing documents, administrative tools, and Code of Ethics.
* If you have any questions or need assistance with completing the form, please contact the Chair of the Policies & Procedures Committee at **parliamentarianhallcountydst@gmail.com**.

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**A Service Sorority**

**Grand Chapter**

**PROPOSED AMENDMENT TO THE HALL COUNTY ALUMNAE CHAPTER POLICIES & PROCEDURES**

**Submit completed form to Hall County Alumnae Chapter**

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| **Current Page** | **Article** | **Section** | **Number/Letter** | **Document must be typed written. To be completed by sponsoring member and Policy & Procedures Chair** |
|  |  |  |  |
| **Current Policy & Procedure Language (include the current text of the section or number exactly as it currently appears):**  |
| **Proposed Amendment (write exactly as the proposed amendment text should appear, highlighting any additions, strikes, and substitutions):**  |
| **Rationale (clearly explain the reasons for the proposed amendment and include any supporting data):**  |

**List other policies affected by the proposed amendment. *(Review the policies and procedures to determine other policies and procedures that may require a revision because of this proposed amendment.)***

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**PROPOSED AMENDMENT SPONSOR & REVIEW CONFIRMATION:**

|  |  |  |
| --- | --- | --- |
| **Sponsoring Member:** | **Email:** | **Phone:** |
| **Policy & Procedure Committee:** | **Date Received:** | **Date Reviewed:** |
| **Executive Board Review:** | **Date Reviewed:** | **# of Votes / Pass or Fail:** |
| **Chapter Review:** | **Date Reviewed:** | **# of Votes / Pass or Fail:** |