

FORM FOR SUBMITTING AMENDMENTS TO THE NCAE CONSTITUTION

NCAE Constitution, Article XIV. Amendments

Section 1. Each proposed amendment to this constitution shall be submitted in writing to the Board of Directors on or before 12:00 noon of the first business day of the annual convention. A receipt showing the amendment was received shall be made, and all proposed amendments shall be distributed to the delegates prior to the adjournment of the convention. Amendments submitted prior to convention shall be mailed by certified mail, and must be received by NCAE before the first business day of the annual convention.

- a. An amendment may be submitted by vote of an NCAE local affiliate, by the NCAE Board of Directors, and/or by petition of fifty active or retired NCAE Members.

Current Section of Constitution (copy as it is written):

Proposed Amendment:

- Submitted by: Local Affiliate
 NCAE Board of Directors
 50 Members (See back of form for signatures)

Local Affiliate or Board: _____

Date of Official Action: _____

Contact Person: _____ Individual ID # 000

Street Address _____

City _____ State _____ Zip Code _____

Telephone Numbers – Home: (_____) _____ Cell: (_____) _____

Personal E-Mail Address: _____

Proposed amendments sent by mail must be CERTIFIED, and must be received by NCAE by March 18, 2019. Send to Susan Kane, NCAE President’s Office, 700 S. Salisbury St., Raleigh, NC 27601.

Page 2 – Form for Submitting Amendments

We, the undersigned members of the NCAE/NEA, hereby submit the proposed amendment to the NCAE Constitution which appears on the front of this form.

Name	Local Affiliate	Name	Local Affiliate
1. _____	_____	26. _____	_____
2. _____	_____	27. _____	_____
3. _____	_____	28. _____	_____
4. _____	_____	29. _____	_____
5. _____	_____	30. _____	_____
6. _____	_____	31. _____	_____
7. _____	_____	32. _____	_____
8. _____	_____	33. _____	_____
9. _____	_____	34. _____	_____
10. _____	_____	35. _____	_____
11. _____	_____	36. _____	_____
12. _____	_____	37. _____	_____
13. _____	_____	38. _____	_____
14. _____	_____	39. _____	_____
15. _____	_____	40. _____	_____
16. _____	_____	41. _____	_____
17. _____	_____	42. _____	_____
18. _____	_____	43. _____	_____
19. _____	_____	44. _____	_____
20. _____	_____	45. _____	_____
21. _____	_____	46. _____	_____
22. _____	_____	47. _____	_____
23. _____	_____	48. _____	_____
24. _____	_____	49. _____	_____
25. _____	_____	50. _____	_____

Contact Person: _____ Member ID # _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: (____) _____ Email: _____

Signature of Contact Person: _____