Indiana Annual Conference of the United Methodist Church

MOTION FORM

Day/Date _____

Session: ❑Morning ❑Afternoon ❑Evening

Subject: _____

Your Name (Please print) _____

(First) (Last)

Proposing: ❑New Motion ❑Amend ❑Substitute ❑Refer ❑Other

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Signed: _____ ❑Clergy ❑Lay

❑Passed

❑Not Passed

❑Referred

❑Other:

Secretary Use Only

Tracking # _____

Agency/Unit _____

Follow-up needed _____

_____

White—Conference Secretary

Yellow—Person Making Motion