

Business Resolution Form



Whereas: (describe the issue or concern)

Be it resolved that Council be directed to give consideration to: (describe action or recommendation)

Moved by:

NAME: _____ MEMBER #: _____

SIGNATURE: _____ DATE: _____

Seconded by: (must be seconded by 10 registered members)

1. NAME: _____ MEMBER #: _____

SIGNATURE: _____

Print and then sign

Print and then sign

2. NAME: _____ MEMBER #: _____
SIGNATURE: _____

3. NAME: _____ MEMBER #: _____
SIGNATURE: _____

4. NAME: _____ MEMBER #: _____
SIGNATURE: _____

5. NAME: _____ MEMBER #: _____
SIGNATURE: _____

6. NAME: _____ MEMBER #: _____
SIGNATURE: _____

7. NAME: _____ MEMBER #: _____
SIGNATURE: _____

8. NAME: _____ MEMBER #: _____
SIGNATURE: _____

9. NAME: _____ MEMBER #: _____
SIGNATURE: _____

10. NAME: _____ MEMBER #: _____
SIGNATURE: _____

Return this completed form by mail, fax or e-mail to:
Association of BC Forest Professionals, 602-1281 West Georgia Street, Vancouver, BC V6E 3J7
Fax: 604.687.3264 E-mail: cwaddell@abcfp.ca

ABCFP Office Use Only:
Date Received: _____
Resolution #: _____
Outcome: _____