

# Resolution Form

Resolution Title \_\_\_\_\_

Background \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resolved that, *(you may add a separate sheet if necessary)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost \$ \_\_\_\_\_ Explanation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Resolution Author (please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

As a: Component Member \_\_\_\_\_

Constituent Member \_\_\_\_\_

Member-At-Large \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Resolution Submission Deadline: July 1st

Please email completed resolution form to: [info@allianceada.org](mailto:info@allianceada.org)

**QUESTIONS?** Please refer any questions to AADA staff at 813.540.2154