



AMENDMENT TO LOCAL BYLAWS

(Please press firmly)

Local _____

Date _____

Labor Department File No. _____

Date of Adoption of Amendment _____

Following is the entire revised Article, Section and/or Paragraph of our Local bylaws: *

Article _____, Section _____, Paragraph _____.

* (One or more amendments may be placed on each form; merely retype "Article _____, Section _____, Paragraph _____" between each individual amendment.)

To the best of my knowledge, this amendment is in conformity with the CWA Constitution and applicable laws.

Copy for:

- CWA Secretary-Treasurer
- District
- OLMS (2)
- IRS (2)
- Local File
- Other

Signed: _____

Title: _____

MLO-110
Rev. 8/99

THESE FORMS SHOULD BE MAILED IN ACCORDANCE WITH THE PROCEDURES ESTABLISHED IN YOUR DISTRICT. IF IN DOUBT, CONTACT YOUR DISTRICT OFFICE.