

**UNIT CONSTITUTION & BYLAWS / RESOLUTIONS
REPORT FORM
2024-2025**

Reporting dates: **November 1, 2024** **April 1, 2025**

Unit Name and Number _____

County _____ District _____

Unit Constitution & Bylaws Chairman:

Name _____

Address _____

Telephone _____ Email _____

_____ **Unit does not have a Constitution and Bylaws chairman**

Has your Unit done an annual review of their Constitution & Bylaws?

Yes

No

Do you know when your Unit Constitution & Bylaws and/or Standing Rules were last revised?

Yes - on _____

Not sure

Has your Unit sponsored any Constitution & Bylaws activities? If so, what?

**** No activities, hours, expenses, donations, or dollars spent for this committee are to be included in the Impact report.**

Send completed form to your County Constitution & Bylaws Chairman

Keep a copy for your records

