



***Got an idea?***  
**MSA Bylaw**  
**Suggestion Form**

Date of Suggestion: \_\_\_\_\_

Suggestion submitted by: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Original Bylaw: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggested Change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Change: \_\_\_\_\_

\_\_\_\_\_

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