

LASCNA August 2 2020 Ballot Form

Please email completed ballot to:
lascnaexe@gmail.com

please fill out the following: - (this is for the area secretary)

Home Group:
GSR Name:
Email Address:
Your Phone number:

Motions

Motion 8A20: Submitted by: Against All Odds

Yes _____ No _____

Motion 8B20: Submitted by: Policies And Procedures

Yes _____ No _____

Motion 8C20: Submitted by: Hospitals & Institutions

Yes _____ No _____

Region Motion

Motion 8D20

Yes _____ No _____