



Cary Newcomers Club, Inc.

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Bylaws Suggestions

Purpose: To recommend one or more revisions or additions to the Club Bylaws. Date: ___/___/___

Contact info: _____ (____) _____ - _____
Your Name, printed please Your CNC Title, if applicable Your Phone Number

Current Bylaws Article # _____ Section # _____ Subsection (if applicable) _____

Suggested Revision or Addition: _____

For Committee and Board Use Only

Approved? Yes / No on ___/___/___ Yes / No on ___/___/___ Yes / No on ___/___/___
CNC Bylaws Committee CNC Executive Board CNC General Board

Notes: _____

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