

TEXAS AREA SERVICE COMMITTEE AD HOC COMMITTEE REFERRAL FORM



DATE _____

REFERENCE TO COMMITTEE:

TEXAS AREA CONVENTION COMMITTEE GUIDELINES

TEXAS AREA STRUCTURE & BYLAWS

OTHER _____

REFERRED BY:

NAME _____ PHONE # _____

HOME GROUP _____ DELEGATE _____

REFERRAL OR SUMMARY OF REFERRAL:

THIS ITEM HAS BEEN REFERRED FROM THE AD HOC COMMITTEE TO THE GENERAL COMMITTEE FOR A VOTE FROM THE BODY. YES / NO

AD HOC COMMITTEE CHAIR SIGNATURE _____ DATE _____

(Referral form must be turned into the chair two weeks prior to ad hoc meeting, send to rosebudnurse@aol.com)