

**Official Form For  
Proposed By-Law Amendment  
California State Association of Letter Carriers**

**Page No** \_\_\_\_\_

Article \_\_\_\_\_

Section \_\_\_\_\_

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**TITLE**

Please print/type or paste in a copy of the Article and/or Section as it now reads and strike a thin line through the word(s) to be deleted or changed.

Proposed to read as follows by adding/deleting or changing the following word(s) or Article Number and/or Section Number. Please make all added/changed word(s) in CAPITAL letters or underline.

Approved	<input type="checkbox"/>
Disapproved	<input type="checkbox"/>
(For Committee Use Only)	

Approved by  
Branch Number \_\_\_\_\_

City \_\_\_\_\_ Date \_\_\_\_\_

SEAL OF BRANCH

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

*If additional space is needed, use additional forms and number pages.*

*DO NOT write any other information on this form. Labor donated by CSALC.*