

**Official Form For
Proposed Resolutions
California State Association of Letter Carriers**

Page No _____

Article _____

Section _____

TITLE

WHEREAS:

WHEREAS:

WHEREAS:

RESOLVED:

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.