



SUGGESTS AN ETHICS POLICY CHANGE

Please fill out this form completely in order to properly submit an Ethics Policy Change with the Member and the Board of Directors in accordance with Article X of the Bylaws.

Your Name: _____

Your Address: _____

Your Email Address: _____

Your Phone Number: _____

State the ethics policy you believe should be changed: _____

State your issue with the Ethics Policy you believe should be changed:

State the specific changes you seek to make to the Ethics Policy:

I will be represented in pursuing my submission. Please identify your representative:

Name: _____

Firm or Organization: _____

Address: _____

Phone Number: _____

Date Submitted: _____

I agree that all information provided is correct and factual, signed: _____