



United Daughters of the Confederacy®

North Carolina Division Motion Form

Date: _____

Type of Meeting: _____

I hereby make the following motion: _____

Name of member making motion _____

Chapter Name, Number, Location _____

Seconded by: _____

Chapter Name, Number Location _____

Voice Vote: Date _____ Passed _____ Did not Pass _____

Signed by Recording Secretary: _____ Date _____