

**Resolution No            (leave blank)**

DATE:

TO: Oregon State Fire Fighters Council

SUBJECT: \_\_\_\_\_

WHEREAS: (Body of why resolution should be supported or opposed or, etc. If possible try to keep it to 2-3 “whereas”)

WHEREAS:

WHEREAS:

NOW THEREFORE BE IT RESOLVED: (Action of support or opposition that explains what is to be done. Keep it to 1- 2 “be it resolved” if possible.

Submitted by: (Person or group submitting resolution)

COST:

COMMITTEE RECOMMENDATION  
ACTION

CONVENTION

DO PASS

PASS

REJECT

REJECT

AMEND

\_\_\_\_\_  
President

\_\_\_\_\_  
Date