

**Texas Association Against Sexual Assault
Resolution Submission Form
Due January 13th, 2010**

Date:

Member's Name- Individual Member

Member Agency – Contact Person's Name

Topic of Proposed Resolution

Respectfully Submitted by: Name – Signature

RETURN TO:
TEXAS ASSOCIATION AGAINST SEXUAL ASSAULT
6200 LA CALMA, SUITE 110
AUSTIN, TX 78752
FAX: 512-474-6490

This section to be completed by TAASA staff

Resolution was submitted with Request Form Yes No

Date TAASA Office Received

Date Posted on Web

RESOLUTION FORM

TITLE OF RESOLUTION

Whereas, _____
_____, and

Whereas, _____
_____, and

(as many as you need, one for each reason)

Therefore, be it resolved that,

This is a _____ resolution (state whether this is a statement resolution, or if it is an action resolution requiring some action by the TAASA board or membership).

(State anticipated cost of implementation if this is an action resolution.)