

**Illinois Association of Student Councils
Constitutional Amendment Form
85th State Convention
May 2nd-4th 2019, Lombard, IL**

High School: _____

Name of Student: _____ Student Phone Number: _____

Student E-Mail Address: _____

Name of Advisor: _____ Advisor Phone Number: _____

You are proposing an amendment to (Circle one) Constitution By-Laws

You are writing a (Circle one) Revision New Article

Current Article Number: _____ Current Section Number(s): _____

Proposed Amendment (You may type and attach):

Rationale for Amendment (You may type and attach):

Signature of Student: _____

Date: _____

Signature of Advisor: _____

Date: _____