

# RULE CHANGE SUGGESTION FORM

Check (U) one:

\_\_\_\_\_ Provincial or Territorial Association (NAME: \_\_\_\_\_)

\_\_\_\_\_ Local or Regional Association (NAME: \_\_\_\_\_)

\_\_\_\_\_ Individual Member (NAME: \_\_\_\_\_)

## PLEASE COMPLETE IF OTHER THAN PROVINCIAL/TERRITORIAL ASSOCIATION

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

## RULE TO BE AMENDED

Section: \_\_\_\_\_ Paragraph: \_\_\_\_\_

Subsection: \_\_\_\_\_ Page Number: \_\_\_\_\_

## PROPOSED RULE CHANGE

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## REASON FOR THE CHANGE OR COMMENTS

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\_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE

Mail to: ONTARIO RINGETTE ASSOCIATION, 705-1185 Eglinton Avenue East, North York, Ontario M3C 3C6

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