



**Branch Regulations
General By-Laws for Branches
Ontario Provincial Command**



AMENDMENT OF BRANCH REGULATIONS

ONTARIO No.

ROYAL CANADIAN LEGION BRANCH NAME

BRANCH NUMBER

_____, 20

DATE PREPARED

FORM NO. 3 SECTION / ITEM IDENTIFIER	PROPOSED BRANCH REGULATION AMENDMENT WORDING FROM THE FORM NO. 3 SUPPORTING SUMMARY (IF NECESSARY)	BRANCH APPROVAL	
		X YES	X NO
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Amendment of Branch Regulations Continued

FORM NO. 3 SECTION / ITEM IDENTIFIER	PROPOSED BRANCH REGULATION AMENDMENT WORDING FROM THE FORM NO. 3 SUPPORTING SUMMARY (IF NECESSARY)	BRANCH APPROVAL	
		X YES	X NO
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Amendment of Branch Regulations Continued

FORM NO. 3 SECTION / ITEM IDENTIFIER	PROPOSED BRANCH REGULATION AMENDMENT WORDING FROM THE FORM NO. 3 SUPPORTING SUMMARY (IF NECESSARY)	BRANCH APPROVAL	
		X YES	X NO

		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PRESENTING MEMBER'S NAME (PRINT)	PRESENTING MEMBER'S SIGNATURE

, 20	, 20
ANNUAL GENERAL MEETING OR GENERAL MEETING DATE (<u>UNDERLINE THE APPLICABLE MEETING</u>)	ANNUAL GENERAL MEETING OR GENERAL MEETING OR SPECIAL GENERAL MEETING DATE (<u>UNDERLINE THE APPLICABLE MEETING</u>)
NOTICE OF MOTION TABLED	MOTION MOVED FOR APPROVAL

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT	I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT
PRESIDENT'S NAME (TYPE / PRINT)	SECRETARY'S OR SECRETARY-TREASURER'S NAME (TYPE / PRINT)
PRESIDENT'S SIGNATURE	SECRETARY'S OR SECRETARY-TREASURER'S SIGNATURE
, 20	, 20
DATE OF PRESIDENT'S SIGNATURE	DATE OF SECRETARY'S OR SECRETARY-TREASURER'S SIGNATURE

NOTE: *Section 903. of the General By-Laws of Ontario Provincial Command requires that copies of this completed document and the Notice of Motion (Form No. 2) shall be forwarded to Command within one (1) month of their approval by the Branch. Failure to comply may delay Command Certification.*

DO NOT FORWARD AN AMENDED FORM NO. 3 UNTIL AFTER THE
RECEIPT OF THE CERTIFICATE OF AMENDMENT REVIEW FROM COMMAND

***** All three (3) Pages of the Completed Form Must Be Submitted *****