## EMS Council of New Jersey THE NEW JERSEY STATE FIRST AID COUNCIL, INC.



## **Motion Form**

		Date:	
Motion:			
Made by:		Signature:	
Seconded by:(print	name & office)		
(print	name & office)		
Motion voted on: Yes	No	Abstained	
Motion Accepted		Motion Rejected	
	Secretary:		
Follow-up on motion:			