



**FORM FOR APPROVAL OF REVISED LOCAL CHAPTER BYLAWS
(Submit with amended bylaws)**

The undersigned Local Chapter desires to revise its Bylaws to read as set forth in the following pages attached, which revised Bylaws were adopted at a regular meeting of the Local Chapter on

(date)

(full name of Local Chapter)

(Town or City)

(Name Local Chapter President)

(Signature Local Chapter President)

(Name Local Chapter Recording Secretary)

(Signature Local Chapter Recording Secretary)

APPROVED By:

(State Bylaws Chair)

(date)

(State President)

(date)

Return to: NYS Women, Inc. Bylaws Chair, see Leadership Directory for contact information