



Tennessee Fire Chiefs Association

Submit form to: Barron Kennedy, TFCA Secretary

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Bylaws Revision Suggestion Form

Purpose: To recommend one or more revisions or additions to the TFCA Bylaws.

Date: ___/___/___

Contact info: _____

(____)____-_____

Submitter's Name, please print

Submitter's email

Submitter's Phone

Current Bylaws Article # _____ Section # _____ Subsection (if applicable) _____

Suggested Revision or Addition, including reason/justification for the proposed change:

For Committee and Board Use Only

Recommended? Yes / No on ___/___/___
Bylaws Committee

Yes / No on ___/___/___
Board of Directors

Yes / No on ___/___/___
Approved by Membership:

Notes: _____

