

COVER APPLICATION

Constitution and By-laws Initial Approval Or Request for Change

Your Information				
CONG. NAME				
ADDRESS				
CONTACT NAME:	First:		Last:	
CONTACT PHONE:	Evening:		Daytime:	
E-MAIL ADDRESS:				
DATE:				
Please Verify: These steps must be completed in order to process your application.				
☐ COMPLETE	I have informed my regional vice president and circuit counselor that we are requesting an approval of constitution and by-laws or the approval for change of existing constitution and/or by-laws.			
☐ COMPLETE	My regional VP and Circuit Counselor have been given a copy of either the new constitution and by-laws or the existing constitution and by-laws with a revised copy indicating the changes along with a copy of this cover application.			
☐ COMPLETE	The District Office (1385 Broadway, 12th Floor + New York, New York 10018 or office@ad-lcms.org or via fax at 914-337-7471) has been given a copy of either the new constitution and by-laws or the existing constitution and by-laws with a revised copy indicating the changes along with this cover application.			
☐ COMPLETE	The Congregation understands that the District Constitutional Committee must seek approval of the new constitution or changes to existing constitution and bylaws from the Praesidium of District and the Board of Directors prior to or concurrent with approval of the same by the congregation and that the process for change in the congregation should follow the manner outlined in the constitution and by-laws (for existing constitution and by-law changes only).			

Contact the district office for additional information or clarification.