**\_\_Approved**

**\_\_Defeated**

**\_\_Referred**

#### TEXAS OCCUPATIONAL THERAPY ASSOCIATION, INC.

#### Annual Business Meeting

##### MOTION FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Motion Number** | **Motion** | **Accountability** | **Date Due** | **Submitted/ 2nd**  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Motion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Rationale:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Fiscal Implications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Individual:****Task Force:** **\_\_N/A\_\_\_\_\_**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Submitted by:****2nd by:****Task Force:****\_\_\_\_\_\_\_\_\_\_\_** |

 **ROLL CALL**

**Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEA\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAY\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ABSTAINED\_\_**

**Email motion to** **totasecretary@tota.org**