

# AGM Advisory Resolution Form



**Whereas** (describe the issue or concern)

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**Be it resolved that council be directed to give consideration to** (describe action or recommendation)

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(Attach additional pages if necessary)

**Moved by:**

Name	Member #
Signature	Date

**Seconded by:**

Name	Member #
Signature	Date

Return this completed form by mail, fax or e-mail to:  
Association of BC Forest Professionals, 330 - 321 Water Street, Vancouver, BC V6B 1B8 Fax: 604.687.3264 E-mail: [abrittain@abcfp.ca](mailto:abrittain@abcfp.ca)

ABC FP Office Use Only:

Date Received: \_\_\_\_\_

Resolution #: \_\_\_\_\_

Outcome: \_\_\_\_\_