

Zeta Phi Beta Sorority, Incorporated

State of South Carolina

Submit completed form to: scphylacter@gmail.com

Amendment: Article: Section: Page:

Proposed Action: ☐ Insert or Add ☐ Strike Out ☐ Strike Out and Insert ☐ Substitute

Current Wording	Proposed Amendment	If adopted, will READ

Proviso (if applicable):

Proposed By (chapter, Executive Board, Bylaws Committee):

Rationale: