

EXHIBIT B
APPROVAL/NON-APPROVAL OF CLUB BYLAWS REVIEW

DATE: _____
TO: _____
Region/Club Representative
FROM: _____
Club Bylaws Review Committee Representative
RE: Region/Club Bylaws Review
_____ Region/Club Name
_____ Region

_____ Your region/club bylaws follow ADDC bylaws and are approved.

_____ Your region/club bylaws do not follow ADDC bylaws. Listed below are the pages and/or Articles/Sections that need to be changed in order to comply (additional pages may be included):

Page _____ Article _____ Section _____

Page _____ Article _____ Section _____

Page _____ Article _____ Section _____

Upon completion of these changes, please re-submit your club bylaws for review.

Cc: ADDC Club Bylaws Review Chairman
Region Director (Exhibit B only)