- **This form must be filled out completely, signed and notarized.**
- **Complete a separate form for each resolution.**
- **Must be mailed or dropped off only. Please do not email forms.**
- **Forms must be received in the SDCGA office by 5pm CST on December 17, 2026.**
- **Mailing address: 4712 S. Technopolis Dr., Sioux Falls, SD 57106**

**Submitted by:**

Name: _____Cell Phone Number: _____

Address:_____Email:_____

City:_____State:_____Zip Code:_____

NCGA Member Number: _____

**Check one:**

☐ Insert proposed resolution (include section title where you would like the resolution placed):
☐ Amend resolution with the following language (include section, page number & line number):
☐ Delete the following resolution (include section, page number & line number):

_____

_____

_____

_____

_____

**Signature:_____ Date:_____**

South Dakota Notary Acknowledgement

The State of South Dakota

County of_____

On this _____ day of _____, in the year _____ before me personally appeared _____ known to me (or proved to me on the oath of _____) to be the person who is described in and who executed the within instrument and acknowledged to me that he/she/they executed the same.

_____ _____

Notary Public Signature Notary Public Printed Name

My commission expires:_____