



**SOUTH CAROLINA PHARMACY ASSOCIATION
HOUSE OF DELEGATES
Resolution Submission Form**

PROPOSED RESOLUTION

To be submitted not less than ninety (90) days prior to the start of the annual meeting.

SUBJECT: _____

WHEREAS:

therefore, be it
RESOLVED *That:*

Submitted By

Submitted By

(2 active member signatures required)

District/Academy (if applicable)

Date Submitted:

OFFICE USE ONLY

Date Received

House Speaker Initials

Time

Mail to: SCPhA
Attn: Executive Vice President
1350 Browning Road
Columbia, SC 29210
Fax: 803-354-9207

Received by