



MNEA State Committee

Suggestion Form

Please complete this form to make suggestions to Missouri NEA Committees.

Name _____

Local Association _____

Email (home) _____

Phone (cell) _____

Your suggestion: _____

Rationale: _____

Committee Use: _____ **Date Received:** _____

Committee Action: Adopted Amended and Adopted Not Adopted

Referred to: _____

Date Member Contacted: _____