Official Democrat Resolution Submission Form

This form is provided as an aid to submitting and recording proposed resolutions for the platform. Please check one of the boxes below indicating the general category that best fits your resolution. Please note that you, as the proposer of the resolution, **must** print and sign your name and include your address, phone number and email if you have one. **NOTE:** This form must also be signed by the caucus secretary.

☐ **Agriculture** ☐ **Economy** ☐ **Education** ☐ **Environment** ☐ **Government**

☒ **Health Care** ☐ **Human Services** ☐ **International Affairs** ☐ **Labor**

Write your resolution and your rationale for it on the lines below, or tape or staple a printed copy to this form In the event the original resolution is amended, attach the final amended resolution to the back of this form.

Resolution: We support medical marijuana.

Rationale for your resolution: On November 10, 2009, the American Medical Association (AMA) adopted a resolution calling for the federal reclassification of marijuana as medicine. On February 16, 2010, a Des Moines Register poll found 64% of Iowans support medical marijuana. On February 17, 2010, the Iowa Board of Pharmacy voted unanimously in favor of reclassifying marijuana as medicine in Iowa. On April 18, 2010, the Iowa Medical Society (IMS) adopted a resolution calling for reclassification of marijuana as medicine in Iowa. The National Association of Boards of Pharmacy (NABP) gave the Iowa Board of Pharmacy an award in May of 2010 for recommending reclassification of marijuana as medicine in Iowa.

Proposed by: _____ _____

print your name — sign your name

_____

address

_____ _____

phone number — email

Caucus secretary: _____ _____

sign your name — precinct number

Completed forms are to be inserted in **ENVELOPE B** and mailed to the County Chairs **IMMEDIATELY**. County Chairs should **IMMEDIATELY** give all resolutions to the **County Platform Committee Chair**.