

**American Congress of Rehabilitation Medicine  
Stroke Interdisciplinary Special Interest Group (Stroke-ISIG)  
Rules of Governance**

**ARTICLE I – NAME**

The name of the Group shall be the Stroke Interdisciplinary Special Interest Group (Stroke -ISIG) of the American Congress of Rehabilitation Medicine (ACRM). The ACRM Stroke Networking Group (NG) was established in 2008 and evolved into the ACRM Stroke -ISIG in October 2012.

**ARTICLE II – OBJECTIVES**

ACRM provides a unique opportunity for individuals from diverse clinical and rehabilitation research backgrounds and disciplines to interact about important issues. Furthermore, ACRM allows individuals who are working not only in Stroke research and practice, but other rehabilitation areas and to participate in educational and networking activities related to Stroke and to other complimentary fields. The purpose of the Stroke –ISIG, in coordination with the ACRM Board of Governors, to promote and advance the knowledge and practices of scientists, rehabilitation specialists and other professionals concerned with rehabilitation management of persons with stroke and their families/caregivers, as well as to promote and advance the science and practice of rehabilitation in general.

**ARTICLE III – FUNCTIONS**

**SECTION 1. Common Interest.** The Stroke-ISIG shall act as a vehicle to serve the networking needs of professionals engaged in stroke rehabilitation through regularly scheduled meetings, educational products, and other means of information dissemination to the professional community.

**SECTION 2. Standard of Practice.** The Stroke-ISIG shall promote the highest standards of practice through the development, review, and maintenance of standards of practice relevant to stroke and through the establishment of inter-relationships among accrediting, regulatory, and professional organizations serving persons with a stroke and their family/caregivers.

**SECTION 3. Educational.**  
**(a) Continuing Education.** The Stroke-ISIG periodically shall assess the educational needs of the membership with regard to basic and current knowledge of the field, and/or provide prioritized input to the ACRM, its committees, and other professional bodies regarding educational needs to be met. A goal of the Stroke-ISIG is to increase educational and networking opportunities for ACRM membership in Stroke medicine, rehabilitation, and research.

(b) The Stroke-ISIG will identify and seek opportunities to educate those outside of the ACRM whose professional practices impact on the management of persons with a stroke including their families and caregivers.

~~(b)~~(c) The Stroke ISIG will recognize the primary author of the award-winning poster in Stroke with a complimentary ticket to the Gala on the year the author receives the award and registration to the ACRM Annual Meeting the following year. These awards will be announced in the Stroke Matters newsletter, Rehabilitation Outlook, and ACRM Enews.

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**SECTION 4. Research.**

- (a) The Stroke-ISIG shall identify and promote research priorities relevant to the field of stroke and provide prioritized information to the ACRM and other professional and legislative bodies impacting allocation of research funding.
- (b) The Stroke-ISIG will review and recommend research directions and priorities to the Board of Governors.
- (c) The Stroke-ISIG will also disseminate research information, including but not limited to preparation/presentation courses, publishing articles in the *Archives of Physical Medicine and Rehabilitation*, *Rehabilitation Outlook*, and developing dissemination materials appropriate to other outlets.

**SECTION 5. Advocacy.** The Stroke-ISIG shall advocate for the rights, care and rehabilitation of all persons with stroke, promoting formal positions on issues, relevant to stroke, based on best evidence and where appropriate establishing or participating in multi-organization initiatives that serve persons with stroke and their families and caregivers. Advocacy efforts may also encompass developing products that encourage the best or most evidence based care strategies for people with stroke.

**ARTICLE IV – MEMBERSHIP**

**SECTION 1. Membership.** Membership requirements shall be defined by the policies and procedures and by-laws of the ACRM. Members of the Stroke –ISIG shall be in members in good standing.

**Categories of Association.**

- (a) **Guest** is a Stroke-ISIG participant who has never been a member of ACRM and the Stroke-ISIG but who may attend Stroke-ISIG meetings in an unofficial capacity for a period of up to two (2) years. The Guest pays annually for a Stroke-ISIG only membership. After 2 years, the Guest must either join the ACRM and the Stroke-ISIG or may no longer participate in the Stroke-ISIG activities with the exception that any person registered to attend the annual ACRM meeting may attend the annual Stroke-ISIG meeting regardless of membership status. Monitoring of participants holding this status will be the

responsibility of the ACRM Chair of Chair's Council, with assistance from the ISIG's Treasurer.

- (b) **Consultant** is an invited member of a Stroke –ISIG task force that is so assigned because of some expertise relative to the charge of that task force. A consultant is not a member of the ACRM or Stroke-ISIG. A consultant is permitted to sit in on task force meetings and discuss/review topics being addressed, but cannot vote or hold administrative positions. Consultant status remains in effect until completion of the charge of the task force and will be reviewed annual by the Stroke-ISIG Executive Board. The invitation to participate in task force activities can be withdrawn if the task force Chair or Executive Committee deems the consultant's contribution as being insufficient.

**SECTION 2. Application.** Application for membership shall be processed through the ACRM for determination of qualification for membership in the ACRM and Stroke-ISIG, Granted upon the candidate meeting said qualifications and renewed on an annual basis.

**SECTION 3. Good Standing.** A member in good standing with the ACRM and whose current dues are paid in full to the ACRM and Stroke-ISIG shall be considered a member in good standing of the Stroke-ISIG. All members of the Stroke-ISIG shall be members in good standing.

**Section 4. Rights.** All members in good standing shall be equally privileged to attend all meetings, participate in all proceedings, vote and hold office. Resignation or loss of membership in the Stroke-ISIG or the ACRM shall mean forfeiture of all rights and title to any share in the privileges and properly of the Stroke-ISIG.

#### ARTICLE V – STRUCTURE

**SECTION 1. Formation, Approval, and Continuance.**

- (a) The Stroke-ISIG shall be considered an interdisciplinary special interest group formed in accordance with the Interdisciplinary Special Interest Group policies and procedures, approved as such by the ACRM Board of Governors and governed and operated under Rules of Governance consistent with the by-laws of ACRM.
- (b) Continuance of the Stroke-ISIG shall be dependent upon its ability to meet its purpose and obligations consistent with the purpose, objectives, and governing by-laws of the ACRM.

**SECTION 2. Obligations.** As an Interdisciplinary Special Interest Group, the Stroke-ISIG shall:

- (a) further the purpose and functions of the ACRM as set forth by the ACRM by-laws,

- (b) assume and perform the duties and responsibilities placed on groups by the ACRM by-laws,
- (c) conduct its affairs and functions in accordance with its Rules of Governance,
- (d) maintain complete and accurate financial records that shall be reviewed on an annual basis according to the ACRM regulations,
- (e) hold meetings in conformity with the ACRM policy, and
- (f) allow attendance at business meetings to the Stroke-ISIG members, consultants, and invitees by the Stroke-ISIG officers.

**SECTION 3. Property and Records.**

- (a) **Responsibilities.** The Stroke-ISIG shall be responsible for and maintain its own property, records, and any debts incurred unless specifically authorized in writing by the ACRM Board of Governors to act on behalf of the ACRM.
- (b) **Dissolution and Conveyance.** All property and records in possession of the Stroke-ISIG shall following payment of all bona fide debts, be conveyed to the ACRM upon dissolution of the Stroke-ISIG.

**SECTION 4. Dissolution.**

- (a) **By the Stroke-ISIG.** The Stroke-ISIG may dissolve by a two-thirds affirmative vote of the membership pursuant to:
  - (1) inability to sustain its membership numbers in accordance with the ACRM requirement of 30 or more members during any consecutive twelve month period,
  - (2) inability to meet financial obligations and/or,
  - (3) inability to meet the stated purpose, functions and/or obligations set forth in these Rules of Governance.
- (b) **By the ACRM.** The Stroke-ISIG may be dissolved by a two-thirds affirmative vote of the Board of Governors of the ACRM should
  - (1) membership total fewer than 30 during any consecutive twelve period,
  - (2) the Board of Governors finds the Stroke-ISIG by-laws to be inconsistent with ACRM by-laws, the Stroke-ISIG Rules of Governance and/or policies adopted by the ACRM or,
  - (3) if the Stroke-ISIG is found to imply it speaks for or represents the ACRM or its members other than those holding current membership in the Stroke-ISIG unless so authorized in writing by the ACRM Board of Governors.

**ARTICLE VI – FINANCES**

**SECTION 1. Raising of Funds.** Funds for conducting Stroke-ISIG business may be raised by:

- (a) being provided a budgeted portion of the annual ACRM membership dues as determined by the ACRM Board of Governors as the business meeting prior to the end of the preceding fiscal year,
- (b) voluntary contributions, devices, bequests and other gifts,
- (c) assessment in addition to membership dues for special projects or other Stroke-ISIG business, which may be made upon notification of the entire membership and a two-thirds affirmative vote by the membership, and
- (d) other means approved by the ACRM Board of Governors.

**SECTION 2. Payment of ACRM Dues, Stroke-ISIG Only Fees and Non-Payment.**

- (a) Stroke-ISIG membership dues shall be due and payable on the date of initial ACRM membership and paid in association with ACRM dues payment. Non-payment of Stroke-ISIG dues shall be subject to the penalties imposed upon ACRM members who are delinquent in dues payment to the ACRM.
- (b) Fees for the Stroke-ISIG only membership category shall be due in full upfront for the two year membership.
- (c) Dues for non-member participants shall be waived for a period of two years after which membership in the ACRM and Stroke-ISIG must be affected or participation in Stroke-ISIG activities will be terminated.

**SECTION 3. Budget.**

- ~~(a) An annual budget, if warranted by projected expenses for the next fiscal year, shall be prepared by the Treasurer and submitted to the membership at large for approval at the annual business meeting.~~
- ~~(b) No Officer, Committee, Task Force or individual shall expend monies not provided for in the adopted annual budget for the fiscal year, or monies in excess of the budget allotment without the prior approval of the Executive Committee. Requests for accessing Stroke-ISIG funds by Officers, Committees, Task Forces or individuals shall go through the Stroke-ISIG Executive Committee. Once approved, the Stroke-ISIG Treasurer will submit the request to the ACRM National Office for payment.~~
- (a) An annual budget, if warranted by projected expenses for the next fiscal year, shall be prepared by the Treasurer and submitted to the membership-at-large for approval at the Annual Conference Business meeting. The budget will be forwarded to the ACRM Board of Governors for final approval as appropriate.

**SECTION 4. Fiscal Year.** The fiscal year shall begin January 1 and end December 31 of each calendar year.

**SECTION 5. Annual Report.** A financial report by the Treasurer shall be prepared and presented in writing to the membership at the annual business meeting. A copy of the report will be submitted annually to the Board of Governors of the ACRM.

## ARTICLE VII – OFFICERS

**SECTION 1. Officers Listed.** The officers of the Stroke-ISIG shall be ACRM members in good standing, members of the Stroke-ISIG, and shall consist of a Chair, a Chair-Elect, a Secretary, a [Membership/Treasurer/Canadian representative](#), a Communications Officer, two Members-at-Large and the Immediate Past Chair. [Additionally, will include International Networking Liaison as ex-officio member.](#)

**SECTION 2. Election and Term of Office.**

- (a) **Nominations.** The Nominating Committee shall prepare a slate of candidates for vacant offices to be mailed by regular mail or secured e-mail to the Stroke-ISIG membership not less than 30 days prior to the annual business meeting to provide Stroke-ISIG members with the opportunity to submit names of write-in candidates or make nominations from the floor.
- (b) **Election.** Elections shall be held every two years or when it is necessary to fill a vacancy. Election shall be by ballot, when more than one candidate is nominated for a single office. Otherwise, election shall be by voice or hand vote with a majority vote affirming or denying election to the office.
- (c) **Term.**
- (1) **Chair** – holds office for two (2) years. At the end of his/her term, the Chair will automatically assume the Immediate Past Chair position at the conclusion of the annual business meeting.
  - (2) **Chair-Elect** – holds office for two (2) years. At the end of his/her term, the Chair – Elect will automatically assume the Chair position for two years at the conclusion of the annual business meeting.
  - (3) **Immediate Past-Chair** – holds office for two (2) years.
  - (4) **Secretary** – holds office for two (2) years. This position can be extended for two (2) optional two-year terms if agreed upon by the secretary and nominating committee and voted upon by the general membership.
  - (5) [Membership/Treasurer/Canadian representative](#) – holds office for two (2) years. This position can be extended for two (2) optional two-year terms if agreed upon by the treasurer and nominating committee and voted upon by the general membership.
  - (6) **Communications Officer** – holds office for two (2) years. This position can be extended for two (2) optional two-year terms if agreed upon by the Communications Officer and nominating committee and voted upon by the general membership.
  - (7) **Member-at-Large** holds office for two (2) years. This position can be extended for two (2) optional two-year terms if agreed upon by the Member-at-Large and nominating committee and voted upon by the general membership. There will be two Member-at-Large positions.
  - (8) [International Networking Liaison is an ex-officio member and is appointment by the International Networking Group yearly.](#)

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**(d) Limitation.** No member shall hold more than one elected office at any one time. No officer shall be eligible for more than three (3) consecutive terms in the same office.

**SECTION 3. Vacancies.** If, before the expiration of term of tenure, the Chair is no longer able to fulfill the obligations of office, resigns, or is disqualified, the Chair-Elect shall assume the position and responsibilities of the office for the remainder of the term. If the Chair-Elect is no longer able to fulfill the obligations of office, resigns, or is disqualified, a special election will be held at the next scheduled annual or mid-year business meeting. Other within term officer vacancies shall be appointed by the Chair and appointed officers shall assume responsibilities until the next regular election cycle.

In the event of the absence of the Chair at a meeting, the Chair-Elect, or if also absent, the Past-Chair shall run the meeting. If all three chairs are missing, the Stroke-ISIG Executive Committee shall select a Chair pro-tem to conduct that meeting.

**SECTION 4. Rights and Duties.**

**(a) Chair.** The Chair shall be a Stroke-ISIG member who has shown a special commitment to experience with the focus area of the Stroke-ISIG and who has an ability to accomplish tasks on schedule and to work effectively with other people. The Chair shall preside at all general and business meetings of the Stroke-ISIG, confirm project timeliness and assignments, and schedule and conduct additional Stroke-ISIG meetings as approved. The Chair, with input from the Stroke-ISIG will develop a mission and goals, devise an action plan and make assignments to meet the goals for the year, and prepare an agenda for Stroke-ISIG meetings. Participate in the Board of Governors (BOG) bimonthly calls and BOG meetings at Midyear Meeting (MYM) and Annual Conference.

*Oversight.* The Chair shall oversee the work of the Stroke-ISIG standing committees specifically set forth in the Rules of Governance. The Chair shall appoint Task Forces when indicated, and the duties and functions of which will not overlap those of any standing committee. The Chair shall review all proposed Task Force functions, charges, resources, projects and actions, and with input from the Executive Committee approve or modify same as befits the interest and objectives of the Stroke-ISIG and the ACRM as a whole.

*ACRM Linkage.* The Chair will serve as an ex-officio member of the ACRM Board of Governors and shall act as a link and information conduit between the two groups to promote the interests, concerns, and mutuality of effort of the ACRM and the Stroke-ISIG. Participate in the BOG bimonthly calls and

BOG meetings at MYM and Annual Conference. The Chair will also ensure that input is provided to the standing committees of the ACRM as deemed necessary by serving as a liaison or appointing liaisons from the Executive Committee. In coordination with the Program Committee of ACRM, the Chair will collaborate with committee members to assure that the Stroke-ISIG sponsored Translating Research into Practice lecture is properly scheduled at the ACRM Annual Conference.

*Community Linkage.* The Chair may initiate or appoint Stroke-ISIG members to contact and collaborate with other accrediting, regulatory, and professional organizations and governmental entities to promote and advance the interests of the Stroke-ISIG, persons with stroke, and their families and caregivers.

*Correspondence.* The Stroke-ISIG Chair will communicate with Stroke-ISIG members at least twice a year by mail or email, and communicate with members who have accepted assignments by mail, email, or conference calls. The President and Executive Director of the ACRM should receive copies of all correspondence and action plans, as well as project requests that may require funding or staff support. The Chair will additionally submit a year-end report to the ACRM Board with an executive summary for distribution at the annual business meeting and subsequent publication in ***Rehabilitation Outlook***.

- (b) Chair-Elect.** The Chair-Elect shall act to obtain the greatest possible acquaintanceship with the affairs and membership of the Stroke-ISIG so as to effectively and efficiently fulfill the office of Chair upon his/her succession. The Chair-Elect will coordinate with the Secretary and National Office to identify and recognize persons (as appropriate) in the Stroke-ISIG anniversaries (e.g. appreciation certificates or publication in ***Stroke Matters***).

The Chair-Elect will also serve as Chair of the Stroke-ISIG Nominating Committee. The Chair-Elect shall preside at general or business meetings in the absence of the Chair and shall succeed to the office of the Chair in the event of removal of the Chair for reasons stated within the Rules of Governance.

- (c) Immediate Past-Chair.** The Immediate Past Chair will serve on the Stroke-ISIG Nominating Committee and in consultation with the Stroke-ISIG Executive Committee.
- (d) Secretary.** In collaboration with the ACRM representative assigned to the committee, the Secretary shall maintain a correct and permanent record of the meetings and transactions of the Stroke-ISIG including minutes of all meetings, reports, correspondence by Stroke-ISIG officers, budget, committee and task force reports, list of attendance at annual meetings,



and membership records and the like on a centralized data system supported by the ACRM National Office. The secretary will also oversee the minutes of the meeting are being recorded and an attendance sheet circulated or captured including sending minutes to Stroke-ISIG members and the ACRM national office.

The Secretary will assume responsibility for reviewing and preserving the Stroke-ISIG Rules of Governance with regard to legality, integrity, and consistency within itself and with the existing by-laws of the ACRM and preparation of modifications in appropriate form for the membership's input and approval.

- (e) [Membership/Treasurer/Canadian Representative](#). The Treasurer shall act as a liaison between the ACRM National Office and the Stroke-ISIG regarding all funds of the Stroke-ISIG and provide a full financial report to the membership at the annual business meeting [as applicable](#). The Treasurer will provide a copy of the annual budget to the ACRM [based on direction from the Board](#). The proposed budget must be approved by the Executive Committee and membership and presented to the ACRM Board at their Mid-Year meeting.

The Treasurer shall oversee that a Stroke-ISIG membership of 30 or more persons is maintained by the ACRM National Office and that an ongoing campaign is maintained to promote Stroke-ISIG membership in order to enhance its ability to fulfill its stated objectives. This person will provide a full membership report to the membership at the annual Stroke-ISIG business meeting. In support of these duties, he/ may serve as Stroke-ISIG liaison and a member of the ACRM Membership Committee.

The Treasurer shall act as liaison between the ACRM National Office and the Stroke-ISIG regarding members who have fallen out of good standing of the ACRM and may work with the Chair to bring members back into good standing.

[The Membership/Treasurer/Canadian Representative will also assist with integration of Canadian members into ACRM Stroke ISIG.](#)

The Treasurer shall promote ACRM and Stroke-ISIG membership while monitoring that Stroke-ISIG Only members do not exceed two (2) years.

The Treasurer will serve as a Stroke-ISIG liaison and member on an ACRM standing committee as deemed necessary and negotiated with the Chair.

(f) **Communications Officer.** The Communication Officer will lead and appoint members to the Media and Marketing Committee to assist with communication using print, electronic, website, and social media and other strategic initiatives. The Communications Officer will assume the role of editor of *Stroke Matters*, the official newsletter of the Stroke-ISIG.

The Communications Officer will be responsible for assuring that the content of *Stroke Matters*, the official newsletter of the Stroke-ISIG, is reflective of the purpose of the Stroke-ISIG and consistent with professional standards for periodical literature as well as assuring the timely distribution of *Stroke Matters* on a bi-annual basis.

The Communications Officer in coordination with the ACRM National Office will be responsible for assuring that the content of the Stroke-ISIG portion of the ACRM website is up to date and reflective of the mission and activities of the Stroke-ISIG. Additionally the Communications Officer in coordination with the ACRM National Office will be responsible for the establishment and maintenance of communication using social media, as deemed necessary by the Stroke-ISIG membership. Finally, the Communications Officer in coordination with the ACRM National Office and Stroke-ISIG Executive Committee will evaluate and respond to dissemination requests for Stroke-ISIG related activities and research. This would include determination of appropriateness of the request and facilitation/coordination.

(g) **Member-at-Large.** The Member-at-Large will be responsible for coordinating the annual [Translating Research into Knowledge Stroke Hot Topics](#) presentation at the Annual Meeting and will provide consultation with the Stroke-ISIG Executive Committee. The second Member-at-Large position will assist with carrying out special projects as assigned and needed by the Stroke ISIG.

~~(g)~~(h) **International Networking Liaison.** [The International Networking Liaison will be responsible for integrating the International Networking Group activities with the Stroke ISIG and fostering collaborations.](#)

~~(h)~~(i) **ARTICLE VIII – COMMITTEES**

**SECTION 1. Standing Committees.** The Stroke-ISIG may establish standing committees, which currently consist of the Executive Committee, and the Nominating Committee.

(a) **Executive Committee.** The Executive Committee shall consist of the officers of the Stroke-ISIG: Chair, Chair-Elect, Immediate Past-Chair, Secretary, Treasurer, two Member-at-Large positions, and the Communications Officer. The Executive Director of ACRM or his or her National Office appointee shall serve as an ex-officio member of the Executive Committee.

The Executive Committee shall:

- (1) Provide leadership of the Stroke ISIG;
  - (2) Review and comment on ethical problems encountered in the practice of stroke rehabilitation upon request of the Stroke-ISIG Chair or the ACRM at large;
  - (3) Review programmatic and related standards of care devised and proposed by this and/or other groups/organizations,
  - (4) Prepare an annual report to the membership and make recommendations to accrediting, regulatory and other bodies based upon agreement by the membership at large; and
  - (5) Determine and promote educational opportunities within the ACRM, recommend educational programs for allied health professionals, and determine and plan presentations and/or programmatic content for other organizations, groups or training institutions having current or potential impact on the field of stroke rehabilitation.
- (b) Nominating Committee.** The Nominating Committee shall consist of the Chair-Elect and Immediate Past-Chair. The current Chair of the Stroke-ISIG shall appoint one other member from the general membership. All members shall serve a term of two years. The Committee is charged with soliciting and preparing a slate of nominations for offices to be filled, conducting elections, and providing the Stroke-ISIG with recommendations as to modifications of procedures for nominations and elections. The Nominating Committee shall also be responsible for nominating members of the Stroke-ISIG to the ACRM Board of Governors.
- (c) Advisory Committee.** The Advisory Committee shall consist of invited experts in the field of stroke rehabilitation who serve as consultants to the Stroke Executive Committee and Stroke ISIG.
- (d) Media and Marketing Committee.** The Media and Marketing Committee shall consist of the Communications Chair and other appointed members to address the broad issues involved with media and marketing.

**SECTION 2. Task Force Action Approval.** Task force Chairpersons shall seek and obtain approval by the Stroke-ISIG Executive Committee with regard to all specific functions, tasks, projects, written documents and the like prior to their initiation. The Executive Committee may determine that approval by the membership is appropriate. Completed projects and the like shall be presented to the Executive Committee for review, who shall determine if dissemination to the membership is indicated.

**SECTION 3. Task Forces.**

- (a)** The Stroke-ISIG may establish task forces with time-limited agendas following approval of the Executive Committee.
- (b)** An activity proposal must be submitted to the Executive Committee, describing the project, intended products from the activity, and an

anticipated time frame to completion of the mission. Yearly updates on task force progress and anticipated goals for the upcoming year must be submitted by the Task Force Chair/Co-Chair and approved by the Executive Committee for continuation.

- (c) Task Force Chairs are appointed by the Stroke-ISIG Chair. Recommendations for Task Force Chairs can be submitted to the Executive Committee by the general membership. Task Force Chairs shall be responsible for accomplishing charges within their self-determined time frame and shall produce an annual report of progress and submit to the Executive Committee for approval.
- (d) The term of a Task Force Chair will be reviewed annually by the Executive Committee.
- (e) Any product of the ACRM Stroke Interdisciplinary Special Interest Group should be included in the document "This is a product of the ACRM Stroke Interdisciplinary Special Interest Group"

**SECTION 4. Other Committees.** Ad hoc committees and subcommittees may be established to meet special needs or those needs not met by the existing standing committees or Task Forces upon request of the Stroke-ISIG Chair or by the two-thirds affirmative vote of the membership present at a given meeting. Ad hoc members may be reappointed by the Chair of the Stroke-ISIG for no more than two consecutive terms.

**SECTION 5. Chairpersons.** A member shall serve as a Chairperson of not more than two committees. Officers of the Stroke-ISIG Executive Committee may serve as the Chairperson of a committee.

**SECTION 6. Inter-organizational Collaboration.** Liaisons may be appointed by the Chair to maintain communication between the Stroke-ISIG and other stroke-related organizations as a means of facilitating clinical and research collaborations and to increase exposure of the Stroke-ISIG.

**Liaisons.** Liaisons are responsible for requesting that participating organizations designate contact person. The liaison should remain current on activities and projects of the organization they represent to promote collaborative efforts. The contact person will be invited to attend Stroke-ISIG meetings. Minutes of these meetings should be exchanged between the Stroke-ISIG and the collaborating organizations, and a copy of **Stroke Matters** provided. Liaisons will report to the general membership at the annual meeting. A liaison chair may be appointed by the Stroke-ISIG to oversee and coordinate liaison activity (as appropriate).

## ARTICLE IX – MEETINGS

- SECTION 1. Business Meeting.** An annual business meeting shall be held at the same general time and site as the annual assembly of the ACRM. Members in good standing and guests may attend. Whenever possible the Stroke-ISIG meeting will be scheduled for unopposed time during the ACRM meeting to permit undivided attention to the Stroke-ISIG matters.
- SECTION 2. General Meetings.** The Stroke-ISIG shall convene a minimum of one time annually, at the annual meeting and if possible on one other occasion which may or may not be in conjunction with a professional conference or the mid-year meeting of ACRM. The meetings shall be convened at such times and in such places to promote opportunity for attendance by the geographically distributed national membership.
- SECTION 3. Other Meetings.** Other meetings, in addition to the general meetings may be convened at the discretion of the Stroke-ISIG Chair, with notification of the membership one month in advance.
- SECTION 4. Quorum.** Eight (8) members shall constitute a quorum for transaction of all business/meeting functions.
- SECTION 5. Rules of Order.** All meetings shall be conducted in a manner similar to that outlined in the current edition of *Robert's Rules of Order*.

#### ARTICLE X – AMENDMENTS

These Rules of Governance may be amended at any regular meeting by a two-thirds affirmative vote of membership in attendance, provided that the proposed amendment has been submitted in writing to all members one month prior to the meeting and provided that approval of the adopted changes is obtained from the Board of Governors of the ACRM before dissemination occurs.