California State PTA
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BYLAWS SUBMITTAL FORM FOR UNITS, COUNCILS, AND DISTRICTS

INSTRUCTIONS – To submit updated bylaws for review and approval:

- Complete this form, listing proposed bylaws amendments on page 2
- Send form and one (1) electronic copy of updated bylaws and standing rules to the council PTA, if in council, or your district PTA. The district PTA will send bylaws to Cyndi Barton (CBarton@capta.org) for processing and forwarding to the California State PTA Parliamentarian.

1. PTA INFORMATION:

Unit: _____

Council: _____

District PTA: Ninth District PTA

Organization Date: _____

California State PTA ID#: _____

National PTA ID#: _____

Employer Identification #: _____

Franchise Tax Board #: _____

Registry of Charitable Trust #: _____

Incorporation #: _____

Grade Levels: _____

Fiscal Year: _____

2. THE ENCLOSED BYLAWS AND STANDING RULES *(Check all that apply)*:

☐ New Unit ☐ New Council ☐ Organization Date: _____

☐ Update to current standard bylaws with no changes (Unit, Council, or District)

☐ Change of Status/Fiscal Year *(District PTA to attach original COS form signed by district president)*

☒ Proposed amendments as listed on page 2

☐ Additional Standing Rules attached ☐ No additional Standing Rules

☐ **U/C/D employs debit/check card?** **[State PTA Parliamentarian attaches standing rules for debit/check card use]**

FOR OFFICE USE ONLY – DISTRICT PTA OFFICER/CHAIRPERSON TO COMPLETE:			
Name:	Sue King		
District Position:	☐ President ☒ Parliamentarian ☐ Other		
Street Address:	1905 Santa Margarita Dr		
City:	Fallbrook	**Zip Code:**	92028
Email:	parliamentarian@ninthdistrictpta.org	**Phone:**	619-607-1819
Date Submitted to District PTA:		**Date Submitted to State PTA:**	

3. LIST OF AMENDMENTS – For each proposed amendment to the bylaws:

- List the current wording and the proposed change

Bylaws updated with*:* ☐ **No changes** ▣ **Changes as follows:**

Page #	Article #	Section #	Proposed Amendments (Attach additional pages if necessary)

4. BYLAWS SUBMITTED BY *(Please print or type)*:

Unit Officer/Chairperson:	Council Officer/Chairperson:
Name:	
PTA Position:	
Street Address:	
City:	
Zip Code:	
Phone:	
Email:	