



everychild.onevoice.

2327 L Street, Sacramento, CA 95816-5014

916.440.1985 • FAX 916.440.1986 • E-mail info@capta.org • www.capta.org

BYLAWS SUBMITTAL FORM FOR UNITS AND COUNCILS

INSTRUCTIONS – To submit updated bylaws for review and approval:

- Complete this form, listing proposed bylaws amendments on page 2
- Send form and three (3) double-sided copies of updated Bylaws and Standing Rules plus four (4) extra Signature Pages to your council PTA, if in council, or your district PTA

1. PTA INFORMATION:

Unit: _____

Council: _____

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
- 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

FOR OFFICE USE ONLY – DISTRICT PTA OFFICER/CHAIRPERSON TO COMPLETE:

Name: _____	
District Position:	<input type="checkbox"/> President <input type="checkbox"/> Parliamentarian <input type="checkbox"/> Other
Street Address: _____	
City: _____	Zip Code: _____
Email: _____	Phone: _____
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:	

Revised: August 2018