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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 (extra signature pages must be double sided w/the correct other side as printed in bylaws)

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: _____

Council Parliamentarian: Please send one complete double sided copy, 4 copies of the double sided signature page, and a completely filled out copy of both pages of this form to the district. Make sure you check the bylaws for accuracy before sending to avoid delays.

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