

CALIFORNIA STATE PTA
930 Georgia Street, Los Angeles, CA 90015-1322

PLEASE ATTACH THIS FORM TO EACH SET OF BYLAWS SUBMITTED FOR APPROVAL

(This form may be duplicated as needed.)

TO: Bennee Hetzner, Parliamentarian
4409 Sunnyside Drive
Riverside, CA 92506

BYLAWS FROM: Unit _____
Council _____
District _____
Organization Date _____
California State PTA ID # _____
National PTA ID # _____
EIN _____
Incorporation # _____
Register of Charitable Trust # (councils only) _____
Fiscal Year _____
Date Submitted _____

ENCLOSED IS ONE (1) ORIGINAL SET OF BYLAWS AND FOUR (4) SIGNATURE PAGES FOR:

- New Unit Organization Date _____
- Update to most current edition without changes
- Change of Status/Name Change – Original form signed by district president attached
- Mandatory update required to reinstate charter/recognition
- Proposed amendments as listed on Page 2

FROM: _____, Parliamentarian, _____ District
Address: _____
Telephone (_____) _____
Email: _____

Page #	Article #	Section #	Proposed Changes (Please attach additional pages if necessary.)