

## BYLAWS SUBMITTAL FORM FOR UNITS AND COUNCILS

***PLEASE COMPLETE THIS FORM AND SEND WITH BYLAWS SUBMITTED FOR APPROVAL***

Submit one (1) original and two (2) copies of your bylaws, including standing rules, to your council parliamentarian for review and forwarding through PTA channels. Make at least four (4) additional copies of the signature page (double sided) for district and council. Additional signature pages can be added if desired for unit copies. These pages will be signed by the State Parliamentarian after the bylaws review and returned to you.

**The bylaws must be printed double-sided.**

**TO: Council Parliamentarian**

**BYLAWS FROM:**

Unit \_\_\_\_\_

Council \_\_\_\_\_

District \_\_\_\_\_

Organization Date \_\_\_\_\_

California State ID # \_\_\_\_\_

National PTA ID # \_\_\_\_\_

EIN # \_\_\_\_\_

FTB # \_\_\_\_\_

CT # \_\_\_\_\_

Incorporation #(If applicable) \_\_\_\_\_

Fiscal Year \_\_\_\_\_

Date Submitted to Council \_\_\_\_\_

Date Submitted to Fourth District \_\_\_\_\_

Date Submitted to State PTA \_\_\_\_\_

New Unit     New Council    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 of this form

Additional standing rules attached as required     Unit/council has no additional standing rules

**From**  
**Council** \_\_\_\_\_, Parliamentarian, \_\_\_\_\_ **Council**

Address: \_\_\_\_\_

Telephone: (with Area Code) \_\_\_\_\_

Email: \_\_\_\_\_

**From  
Unit**

\_\_\_\_\_, Parliamentarian, \_\_\_\_\_ **Unit**

Address: \_\_\_\_\_

Telephone: (with Area Code) \_\_\_\_\_

Email: \_\_\_\_\_

<b>Page #</b>	<b>Article #</b>	<b>Section #</b>	<b>Proposed changes from current/old bylaws to updated/new bylaws.</b> (Please attach additional pages if necessary.)