

# BYLAWS AMENDMENT FORM



**Purpose:**

Use this form to submit bylaws amendments to the state office for approval.

**Instructions:**

- Make copies of this form as needed.
- Use a separate form for each amendment, except if amending the election month, nominating committee report month, officer election month. (All 3 months MUST be the same).
- Fill in the information requested below. Please print.
- Submit one original for each amendment. (The originals are filed at the state office and a new full set of bylaws will be returned to your local unit.)
- **Mail to Georgia PTA, 114 Baker Street, NE, Atlanta, GA 30308-3366 or fax to Georgia PTA office, Attention: Bylaws Chair at 404-525-0210.**

Date		Local Unit ID #	
District	Council	PTA Name	
Contact Person		PTA Position	
Address			
City		State	Zip
Cell Phone		Home Phone	
Email			

Local Unit/Council general membership voted on \_\_\_\_\_ and approved the following amendment.  
(Date)

Article \_\_\_\_\_ Section \_\_\_\_\_ Line \_\_\_\_\_ Page \_\_\_\_\_

The amended wording now reads: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

President's Signature \_\_\_\_\_

Secretary's Signature \_\_\_\_\_

<b>STATE APPROVAL</b>
_____ APPROVED BY
_____ DATE