PTA BYLAWS AMENDMENT FORM

Revised February 2016

Review the "Guidelines for Bylaws" under section: '<u>AMENDMENT(S)(</u>changes) **to Specific Item(s) but Not Revising Bylaws'. This amendment form must be accompanied by minutes from meeting when approved by the membership and received by the state office within 90 days after the members approved it.**

PTA/PTSA _____Fort Washington Elementary School_____County___Montgomery_____ Region __12___

1. Type or print the specific bylaw article and section **exactly** how it currently reads:
   AS IT CURRENTLY READS

ARTICLE X: EXECUTIVE BOARD

Section 3. The members of the executive board shall be elected officers and representative. (List members as applicable: i.e. standing committee chairs, principal or representative, teacher representative(s), student representative(s).)

2. Type or print the amendment **exactly** how it will read—underlining the specific changes:
   AMENDMENT TO READ

Section 3. The members of the executive board shall be **<u>the</u>** elected officers **<u>as set forth in Article VIII.</u>**

3. Rationale (the reason why the change is being made)

To clarify the language and comport with current practice.

4. Fill in information below. Then send one (1) copy to the council bylaws chairman (or to the state office if the council does not have a council bylaws chairman or this unit do not belong to a council) via United States Postal Service or e-mail in WORD or pdf(include scanned signature page with hand written signature). If submitting via e-mail, be sure to copy the state bylaws chair. * Be sure that the amendment above and the approval information below is not separated. Use the back as necessary (Print as "double side" document if necessary). Use a separate form for each amendment. Amendments are not in effect until approved/signed by the state chair.

Approved by General Membership

Date of Approval _____

_____
President's Signature

_____
President's Name Printed

_____
President's Phone # e-mail

_____
Secretary's Signature

_____
Secretary's Phone # e-mail

_____
Local Bylaws Chair Name Printed (*if applicable*)

_____
Bylaws Chair Phone # e-mail

<u>Review</u> by Council Bylaws Chairman (*if applicable*)

_____
Council Chairman's Signature Date of Review

_____
Council Chairman's Phone # e-mail

<u>Required</u> Approval by State Bylaws & Policies Chair

Date of State Approval

_____
State Chairman's Signature

Julie Lesitsky
State Chairman's Name Printed

570-977-2308
Phone #

bylaws@papta.org
State Chairman's e-mail