

2019-2020 Bylaws Approval Form



The submission of this form and use of LAPTA bylaws template is required. Bylaws not in compliance will be returned to local unit.

Unit Name _____

LUR _____

District _____

Check the box that applies to your unit status.

Existing Unit

Re-instated Unit

New Unit

The PTA's bylaws/amendments were approved at the general membership meeting held on:

(Day, Month, Year) _____

Article/sections amended _____

President _____

(Signature)

Secretary _____

(Signature)

Email bylaws and approval forms in PDF format to: laptabylaws@gmail.com (Recommended)

OR

If you cannot scan and send this form electronically, mail it with your completed bylaws to:

LOUISIANA PTA
P. O. Box 4420
Covington, LA 70435
Attention: Bylaws Chair

However, by mailing your bylaws to the State Office, approval could take longer.

Unit President's Contact Information:

Name _____

Home Phone _____

Cell Phone _____

E-mail Address _____

*****bylaws will be returned via email – please print legibly and provide a working email account**