

PTA BYLAWS AMENDMENT FORM

Revised February 2016

Review the “Guidelines for Bylaws” under section: ‘AMENDMENT(S)(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 VIII: OFFICERS

Section 1. The officers of this local PTA shall consist of:

- #a. one (1) president
- b. two (2) vice presidents
- c. one (1) secretary
- d. one (1) treasurer

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

AMENDMENT TO READ
ARTICLE VIII: OFFICERS

Section 1. The officers of this local PTA shall consist of:

- #a. one (1) president
- b. **four (4)** vice presidents
- c. one (1) secretary
- d. one (1) treasurer

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

To increase the size of the Executive Board, thus increasing the pool of candidates for the office of President. Also, to reduce the amount of work and responsibility of each officer of the Executive Board.

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		Review by Council Bylaws Chairman (if applicable)	
Date of Approval _____		Council Chairman's Signature _____	Date of Review _____
President's Signature _____		Council Chairman's Phone # _____	e-mail _____
President's Name Printed _____		Required Approval by State Bylaws & Policies Chair	
President's Phone # _____	e-mail _____	Date of State Approval _____	<input type="text"/>
Secretary's Signature _____		State Chairman's Signature _____	
Secretary's Phone # _____	e-mail _____	<u>Julie Lesitsky</u> _____	
Local Bylaws Chair Name Printed (if applicable) _____		State Chairman's Name Printed _____	
Bylaws Chair Phone # _____	e-mail _____	<u>570-977-2308</u> _____	
		Phone # _____	
		<u>bylaws@papta.org</u> _____	
		State Chairman's e-mail _____	