

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 IX: DUTIES OF OFFICERS
Section 2. The vice-president(s) shall

- a. act as aide(s) to the president; and
- b. in their designated order (list order) 1st Vice President and 2nd Vice President perform the duties of the president in the president’s absence or inability to serve.

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

Section 2. The vice-president(s) shall

- a. act as aide(s) to the president and **oversee and aid committee chairs; and**
- b. in their designated order (list order) **1st Vice President, 2nd Vice President, 3rd Vice President and 4th Vice President** perform the duties of the president in the president’s absence or inability to serve.

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	<u>Review by Council Bylaws Chairman (if applicable)</u>
Date of Approval _____	Council Chairman’s Signature _____ Date of Review _____
President’s Signature _____	Council Chairman’s Phone # _____ e-mail _____
President’s Name Printed _____	<u>Required Approval by State Bylaws & Policies Chair</u>
President’s Phone # _____ e-mail _____	Date of State Approval
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 _____