



BYLAWS SUBMISSION FORM

Amendments or Revisions to Bylaws and Adoption or Amendments to Standing Rules

<input type="checkbox"/>	LOCAL PTA	Name of PTA _____	Unit # _____
		School District _____	
		Council PTA _____ Area PTA # _____	

<input type="checkbox"/>	COUNCIL	Council PTA _____	Area PTA # _____
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SUBMITTING WITH ONLY MANDATED CHANGES

<input type="checkbox"/> Two complete copies of the adopted bylaws <u>and</u> standing rules are attached in a Microsoft Word document(s). <i>Both documents must be submitted, even if only one document is being revised/amended.</i>	OR	<input type="checkbox"/> The completed Bylaws Made Easy Checklist <u>and</u> standing rules are attached in a Microsoft Word document(s). <i>Both documents must be submitted, even if only one document is being revised/amended.</i>
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SUBMITTING WITH AMENDMENTS OR REVISIONS

<input type="checkbox"/> Notice through regular publicity channels <ul style="list-style-type: none"> ▪ Should include exact wording of proposed amendments ▪ Should have been furnished to all member 30 days prior to the regular meeting at which voting on the proposed amendments occurred <input type="checkbox"/> A quorum was present at the time of voting.	OR	<input type="checkbox"/> Notice at a regular meeting Date of Notice: _____ Date of Meeting: _____
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<input type="checkbox"/> Two complete copies of the adopted bylaws <u>and</u> standing rules are attached in a Microsoft Word document(s). <i>Both documents must be submitted, even if only one document is being revised/amended.</i>	OR	<input type="checkbox"/> The completed Bylaws Made Easy Checklist <u>and</u> standing rules are attached in a Microsoft Word document(s). <i>Both documents must be submitted, even if only one document is being revised/amended.</i>
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Person Submitting Bylaws _____	Date Submitted _____
Address _____	
City _____ Zip _____	
Daytime Telephone (_____) _____ Evening Telephone (_____) _____	
Email Address _____	
President's Name _____	
Address _____	
City _____ Zip _____	
Daytime Telephone (_____) _____ Evening Telephone (_____) _____	
Email Address _____	
I affirm that proper procedures were followed. If the bylaws were amended, this includes notice to membership and approval by membership when quorum was present, as documented in our minutes. I further affirm that all information included on this form is true and correct.	

President's Signature _____

Secretary's Signature _____

Submit all required documents to: TEXAS PTA, Attention: Member Services Department, 408 West 11th Street, Austin, Texas 78701-2113 or online at www.txpta.org

Bylaws will be accepted for review September 1 – June 30. Allow 6-8 weeks for response from the Texas PTA Office. During holidays and convention, an additional 2-3 weeks processing time is added. Bylaws will be returned to "Person Submitting Bylaws" above. If you have any questions, call 512.476.6769 or 800.TALK.PTA, or visit the website at www.txpta.org.