



everychild.one voice.

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BYLAWS SUBMITTAL FORM FOR UNITS, COUNCILS, AND DISTRICTS

INSTRUCTIONS – To submit updated bylaws for review and approval:

- Complete this form, listing proposed bylaws amendments on page 2
- Send form and one (1) electronic copy of updated bylaws and standing rules to the council PTA, if in council, or your district PTA. The district PTA will send bylaws to Cyndi Barton (CBarton@capta.org) for processing and forwarding to the California State PTA Parliamentarian.

1. PTA INFORMATION:

Unit: _____
Council: _____
District PTA: _____
Organization Date: _____
California State PTA ID#: _____
National PTA ID#: _____
Employer Identification #: _____
Franchise Tax Board #: _____
Registry of Charitable Trust #: _____
Incorporation #: _____
Grade Levels: _____
Fiscal Year: _____

2. THE ENCLOSED BYLAWS AND STANDING RULES (Check all that apply):

- ☐ New Unit ☐ New Council ☐ Organization Date: _____
- ☐ Update to current standard bylaws with no changes (Unit, Council, or District)
- ☐ Change of Status/Fiscal Year (*District PTA to attach original COS form signed by district president*)
- ☐ Proposed amendments as listed on page 2
- ☐ Additional Standing Rules attached ☐ No additional Standing Rules

U/C/D employs debit/check card? [State PTA Parliamentarian attaches standing rules for debit/check card use]

FOR OFFICE USE ONLY – DISTRICT PTA OFFICER/CHAIRPERSON TO COMPLETE:

Name: _____	
District Position:	☐ President ☐ Parliamentarian ☐ Other
Street Address: _____	
City: _____	Zip Code: _____
Email: _____	Phone: _____
Date Submitted to District PTA: _____	Date Submitted to State PTA: _____

3. LIST OF AMENDMENTS – For each proposed amendment to the bylaws:

- List the current wording and the proposed change

Bylaws updated with: ☐ No changes ☐ Changes as follows:

Page #	Article #	Section #	Proposed Amendments (Attach additional pages if necessary)

4. BYLAWS SUBMITTED BY *(Please print or type):*

Unit Officer/Chairperson:	Council Officer/Chairperson:
Name:	
PTA Position:	
Street Address:	
City:	
Zip Code:	
Phone:	
Email:	

Revised: December 2023