

## BYLAWS SUBMITTAL FORM FOR UNITS AND COUNCILS

PLEASE EMAIL OR INCLUDE THIS FORM FOR EACH SET OF BYLAWS SUBMITTED FOR APPROVAL

**In-council units SUBMIT TO: Your council parliamentarian**

**Council parliamentarian and out-of-council units SUBMIT TO:**

**Vera Johnson, Parliamentarian**

**Thirty-Third District PTA**

**PO Box 1235 Lakewood, CA 90714**

**Email: [parliamentarian@33rdpta.org](mailto:parliamentarian@33rdpta.org)**

**BYLAWS FOR:** Unit: \_\_\_\_\_  
Council: \_\_\_\_\_  
District: Thirty-Third District PTA, Inc.  
Organization Date: \_\_\_\_\_  
California State PTA ID #: \_\_\_\_\_ National PTA ID #: \_\_\_\_\_  
EIN #: \_\_\_\_\_ FTB #: \_\_\_\_\_  
Registry of Charitable Trust #: \_\_\_\_\_  
Incorporation # (if applicable): \_\_\_\_\_  
Fiscal Year: July 1<sup>st</sup> to June 30<sup>th</sup>

### SUBMISSION TYPE:

**ELECTRONIC** – EMAIL THIS FORM, CHANGE OF STATUS (if applicable) and COMPLETE BYLAWS

**BY MAIL** – ENCLOSE THE FOLLOWING:

ONE (1) ORIGINAL DOUBLE-SIDED SET OF BYLAWS WITH STANDING RULES,

FOUR (4) DOUBLE-SIDED COPIES OF THE SIGNATURE PAGES, AND

A \$5.00 CHECK PAYABLE TO “THIRTY-THIRD DISTRICT PTA” (bylaws copying charge) \*

### FOR: (check all that apply)

New unit       New council      Organization Date: \_\_\_\_\_

Update to most current edition without changes

Change of Status/Name Change (District PTA to attach COS form signed by district president)

Proposed amendments as listed on page 2 of this form

Additional standing rules attached as required       Unit/council has no additional standing rules

**FROM:** Unit parliamentarian's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Council parliamentarian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date Submitted to Council (for unit use only): \_\_\_\_\_ Date Submitted to District (for council use only): \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **COUNCIL:** \_\_\_\_\_

**LIST OF AMENDMENTS** - List the current wording and the proposed change for each proposed amendment to the bylaws

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

**FOR THIRTY-THIRD DISTRICT PTA USE ONLY –**

**Name:** \_\_\_\_\_

**District Position:**    President    Parliamentarian    Other

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_   **Phone:** \_\_\_\_\_

**Date Submitted to State PTA:** \_\_\_\_\_

**Date Received back from State:** \_\_\_\_\_   **Date of next association meeting:** \_\_\_\_\_

**Date Bylaws returned to Council:** \_\_\_\_\_   **Date for Signature Page back to District:** \_\_\_\_\_

Paid    Scanned    Log    Flash drive    File    Sig. Page    Update records/file

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_