FIRST DISTRICT PTA BYLAWS CHANGE FORM

Unit:	Date submitted:
Council:	District: _1
Organization Date:	
California State PTA ID Number:	National PTA ID Number:
IRS Employer Identification Number (EIN):	
Corporation No. (if applicable):	
Registry of Charitable Trust (CT) #:	Franchise Tax Board (FTB) #:
Fiscal Year:to	
Date sent to council: To district:	To state
Unit Parliamentarian:	Council Parliamentarian:
Name:	Name:
	Address:
Phone:	Phone:
Email address:	Email address:
PROPOSEI	O CHANGES
New Unit organized on	changes tatus:

Send this sheet along with ONE ORIGINAL and TWO COPIES of your bylaws INCLUDING STANDING RULES and 4 COPIES (back and front) of the signature page from your bylaws to your council parliamentarian, who will forward this sheet, the original and one copy of the bylaws and all the signature pages to:

Phone: 626-289-1448

Email: parliamentarian@pta1.org

First District PTA Parliamentarian 1008 S. Eighth St. – Moor Field Alhambra, CA 91801

Page #	Article #	Section #	Proposed change/s (attach additional pages if necessary)