

CHANGE OF INFORMATION FORM FOR E-BYLAWS

INSTRUCTIONS – To submit district and council bylaws changes for the e-Bylaws database, which generates unit e-Bylaws, send completed form:

- Directly to the State Parliamentarian, by email or mail, who will update e-Bylaws
- After district or council Bylaws or council Standing Rules are reviewed by the State PTA Parliamentarian and adopted at an association meeting

Please Note: Council assessment changes do not require that new bylaws be submitted to State PTA.

District PTA: _____ **Council:** _____

Full Legal Name: _____

California State PTA/National PTA ID #: _____

	Current Listing:	Change To:
DISTRICT dues amount (Article IV, Section 6)	\$ _____	\$ _____
<i>District dues for out-of-council units, if any</i>	\$ _____	\$ _____
District dues due date* for Membership Awards	_____	_____
District dues due date* for 'in good standing'	_____	_____
District directory data deadline (no later than May 15)	_____	_____

*Month/Date

COUNCIL dues amount (Article IV, Section 6d)	\$ _____	\$ _____
Dues due date* for Membership Awards (Articles IV, 8)	_____	_____
Dues due date* for 'in good standing' status (Articles IV, 9)	_____	_____
Council directory data due date* (Article VII, 1e)	_____	_____
Article V, Section 1, Voting Body:		
Superintendent serves as council representative	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Principal serves as unit representative	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Council unit delegates – are there any?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of delegates	_____	_____
Article V, Section 2, Voting Body:		
Council election unit delegates – are there any?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of delegate	_____	_____
Members per delegate	_____	_____
Council Annual Assessment Fee, if any (SR #13)	\$ _____	\$ _____
Assessment fee due date (month/date)	_____	

Signature – District President OR Parliamentarian

Signature – State PTA Parliamentarian

Date: _____

Date: _____

Effective Date: _____

E-Bylaws Entry Date: _____

Revised: August 2018