

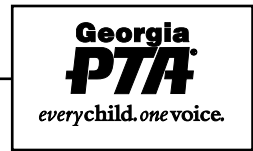


Please refer to this list when amending your bylaws and completing the Bylaws Amendment Form.

- Local units may only amend the following items in their bylaws.
- These items are the fill in the blank lines in their respective bylaws.
- All amendments must be approved by the general membership.
- The general membership must be given 30 days notice of the proposed bylaws amendments.

1. **Article I: Name:** The name of this association is “the name of your PTA” (e.g. Great Care MS)
2. **Article V: Membership and Dues: Section 7. (Dues amount)**
This is the dollar amount that each individual member must pay to be a member of the PTA/PTSA. The bylaws may only contain one dues amount and there are no family memberships (e.g. \$5.00).
3. **Article VI: Officers and Their Election: Section 1. (Officers)**
State a specific number of vice presidents. Must also state a specific number of secretaries (e.g. two secretaries). You must indicate the titles of the vice presidents, and/or secretaries. **You may not have co-treasurers.**
4. **Article VI: Officers and Their Election: Section 2. (Election month)** State a specific month of the year when elections will be held (e.g. March). You may not state “spring.”
5. **Article VI: Officers and Their Election: Section 5. (Term of office for officers)** State a specific number of years that officers may hold office, either one (1) or two (2) (e.g. 1).
6. **Article VI: Officers and Their Election: Section 7. (Nominating Committee)** State a specific uneven number (e.g. 5) for the number of members and a specific number for the alternates (e.g. 1). You may have one or two alternates.
7. **Article VI: Officers and Their Election: Section 7c. (Nominating Committee report presented at the general meeting)** State a specific month of the year. This month must be the same as the election month noted in #4 (e.g. March).
8. **Article XII: Standing and Special Committees: Section 3. (Term of office for committee chairs)**
State a specific number of years that committee chairs may hold office, either one (1) or two (2). Term in office does not have to be the same term as the officers (e.g. 1).
9. **Article XIII: General Membership Meetings: Section 3. (The election meeting)** State a specific month of the year. This month must be the same as the election month noted in #4 and the election month noted in #7 (e.g. March).
10. **Article XIII: General Membership Meetings: Section 6. (Quorum for general meetings)** State a specific number of members that must be present at a general membership meeting in order to conduct business (e.g. 25).
11. **Article XIV: Council Membership: Section 1. (Council name)** Name the specific Council PTA that serves your PTA/PTSA (e.g. East Cobb).
12. **Article XVI: Fiscal Year & IRS Form 990: Section 1. (Fiscal year date)** For the beginning date, state a specific month and the first day of that month. For the ending date, state a specific month and the last day of that month. The dates must be equal to a 12-month period (e.g. June 1-May 31).

BYLAWS AMENDMENT FORM



Purpose:

Use this form to submit bylaws amendments to the state office for approval.

Instructions:

- Make copies of this form as needed.
- Use a separate form for each amendment, except if amending the election month, nominating committee report month, officer election month. (All 3 months MUST be the same).
- Fill in the information requested below. Please print.
- Submit one original for each amendment. (The originals are filed at the state office and a new full set of bylaws will be returned to your local unit.)
- **Mail to Georgia PTA, 114 Baker Street, NE, Atlanta, GA 30308-3366 or fax to Georgia PTA office, Attention: Bylaws Chair at 404-525-0210.**

Date		Local Unit ID #	
District	Council	PTA Name	
Contact Person		PTA Position	
Address			
City		State	Zip
Cell Phone		Home Phone	
Email			

Local Unit/Council general membership voted on _____ and approved the following amendment.
(Date)

Article _____ Section _____ Line _____ Page _____

The amended wording now reads: _____

President's Signature _____

Secretary's Signature _____

STATE APPROVAL
_____ APPROVED BY
_____ DATE