

## Georgia PTA Standards of Affiliation (SOA) Policy and Documentation

### General Organization and Business Standards for Chartered PTA Constituent Organizations\*

The Standards of Affiliation (SOA) were instituted in September 2020, as prescribed by the Georgia PTA Board of Directors. The SOA requirements are in place to ensure local PTAs and councils align with Georgia PTA's ethics, policies, and principles; maintain good business practices, and comply with applicable federal and state laws. Effective, well-run PTAs and councils are vital to fulfilling PTA's purpose and mission.

Three critical pieces of information are included, benefits to local PTAs and councils in good standing;

- Georgia PTA Standards of Affiliation;
- Georgia PTA Local Unit and Council Ethics and Code of Conduct Agreement; and
- Georgia PTA Local Unit and Council Standards of Affiliation Procedures for Non-Compliance.

The attached SOA document must be completed and signed by the local unit or council president and secretary and submitted annually via email to Georgia PTA at [soamodelpta@georgiapta.org](mailto:soamodelpta@georgiapta.org) on or before **November 30**.

SOA requirements and documentation are approved by the Georgia PTA Board of Directors. If there are changes, the local and council officers will receive an updated document.

#### **BENEFITS TO LOCAL PTAs AND COUNCILS IN GOOD STANDING:**

- Right to send voting delegates to Georgia PTA Convention Leadership Training
- Option to bring issues and resolutions to Georgia PTA for consideration
- Access to exclusive Georgia PTA resources, training, technical and other services
- Participation in sponsorship and member benefits programs
- Eligibility for Georgia PTA and National PTAGrants and program participation funds
- Participation in Georgia PTA awards programs, including the National PTA Reflections program
- Use of the National PTA service marks (including PTA® and PTSA®) in conjunction with the name of the local PTA or council
- Use of any official Georgia PTA and PTSA logos
- Retain their 501©(3) status.

Thank you for the work you do supporting children. Your efforts and dedication make a difference every single day.

\*PTA Constituent Organizations are all local PTAs, PTSAs, and Councils

## GEORGIA PTA Standards of Affiliation

To ensure that your local unit PTA/council remains in compliance with Georgia PTA, the IRS, and to continue affiliation with the Georgia PTA, your local unit PTA/council is **REQUIRED** to complete/verify the following items no later than **November 30**, annually. A copy of this document should remain in the procedure books of the president, treasurer, and secretary to be used as a checklist to assist your local unit PTA/council to meet all requisites to remain compliant with Georgia PTA.

Email [soamodelpta@georgiapta.org](mailto:soamodelpta@georgiapta.org) or mail, postmarked no later than **November 30**, to the Georgia PTA Office at 114 Baker Street NE \* Atlanta, GA 30308. If mailed, please keep a copy for your records.

~~The Standards of Affiliation will be reviewed annually by the Georgia PTA Board of Directors~~

Local PTA/Council Name: \_\_\_\_\_ PTA #: \_\_\_\_\_  
Council: \_\_\_\_\_ District #: \_\_\_\_\_

General Requirements (Local PTAs & Councils)		Specifics	Verification
1.	Protect the brand of PTA	Act in good faith to further the mission and ensure the business practices and conduct of volunteers do not detract from the reputation of the PTA.	President's initials: _____ Secretary's initials: _____
2.	Election of Officers	Elect officers at a General Meeting of the membership, in accordance with the bylaws.	Date of Election Meeting: _____
3.	Annual Corporate Renewal Filed	PTA/PTSAs who are incorporated, we agree to file our annual corporate renewal with the Georgia Secretary of State by April 1st. Note: You may be filing on January 1st. If you are not incorporated, please enter NA.	Date of renewal: _____
4.	Annual Bylaws Review	The local unit's board of directors' reviews bylaws annually.  If amendments are in order, the written motion is presented to the board of directors for approval. Once approved, a thirty (30) day advance notice is required, the motion to amend, is presented to General Meeting for final consideration, a two-thirds vote required, and a quorum being present. The amendment(s) are submitted to Georgia PTA for approval, once approved Georgia PTA will send your PTA/PTSA a revised set of bylaws.  Distribute copies to each member of the Board of Directors.	Date reviewed: _____ Date distributed to board members: _____  <b>if amended</b> Date amended: _____ Date amendment submitted to Georgia PTA: _____
5.	IRS 990 Form Filed	File the appropriate IRS 990 form no later than the 15 <sup>th</sup> day of the 5 <sup>th</sup> month following the close of your fiscal year (e.g. If the fiscal year is July 1 – June 30, you are required to file by November 15 <sup>th</sup> ). If more time is needed, file an extension using the <b>IRS 8868 – Application for Automatic Extension of Time to File an Exempt Organization Return</b> . Ensure you file by the deadline.  Submit proof of filing to Georgia PTA. If filing the 990 online, submit the IRS acceptance,	Date filed: _____ Date submitted to Georgia PTA: _____
6.	Audit/Annual Financial Review	Conduct an annual audit/financial review.  Submit completed annual audit/financial review to Georgia PTA by the last business day in September, a copy provided to the council and district.	Date of General Meeting financial review was present accepted by the Association: _____ Date submitted to Georgia PTA: _____
7.	New & Returning Officer Contact Information	Submit names and complete contact information for all elected officers and key positions such as membership, advocacy/legislative, Reflections, programs, and family & community engagement to the Georgia PTA office or membership database/platform.	Date submitted to Georgia PTA: _____
8.	Ethics and Code of Conduct	Ensure that all elected officers, members of the board of directors, and committee members have completed and signed the Georgia PTA Local Unit and Council Ethics and Code of Conduct Agreement.	Date verified: _____

9.	Annual Budget Approved	The membership approved the annual budget.	Date of General Meeting: _____
10.	Insurance	Purchase appropriate liability insurance.	Effective Date of Insurance: _____
<b>Local PTA Requirements</b>		<b>Specifics</b>	<b>Verification</b>
11.	Membership Dues	Remit dues monthly as received through the required membership database/platform.	President's initials: _____ Treasurer's initials: _____
12.	Council Dues	Remit council dues to the council to which you belong. If you are not in a council, enter NA	President's initials: _____ Treasurer's initials: _____
13.	Training Requirement	Satisfy that at least one elected official has attended a minimum of one (1) training conducted by Georgia PTA and one (1) training conducted by the Council or District.  Satisfy that all other elected officers have attended a minimum of one (1) training conducted by Georgia PTA, the Council, or District.  <b>Maintain proof showing that each elected officer satisfied the training requirement.</b>	Officer Trained: _____ Date Verified: _____  Date Verified: _____
<b>Council Requirements</b>		<b>Specifics</b>	<b>Date Requested or Initials of 2 Elected Officers</b>
14.	Training Requirement	Satisfy that at least one elected officer has attended a minimum of one (1) training conducted by Georgia PTA and one (1) training conducted by the District.  Satisfy that all other elected officers have attended a minimum of one (1) training conducted by Georgia PTA or the District.  <b>Maintain proof showing that each elected officer satisfied the training requirement.</b>	Officer Trained: _____ Date Verified: _____  Date Verified: _____

### AFFIRMATION

We agree that the above information is accurate and true; to abide by the appropriate governing documents of Georgia PTA; and adhere to the purposes and basic policies of the PTA.

**President's Printed Name:** \_\_\_\_\_

**President's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Secretary's Printed Name:** \_\_\_\_\_

**Secretary's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_