

## 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.
- Fill in the information requested below. Please print.
- \*Submit one original and one copy. (The original will be attached to your bylaws at the state office, a copy will be returned to your Council President, if applicable.)
- Mail to Georgia PTA, 114 Baker Street, NE, Atlanta, GA 30308-3366 or email [office@georgiapta.org](mailto:office@georgiapta.org)

Date	Council ID #	
District	Council	
Contact Person	PTA Position	
Address		
City	State	Zip
Daytime Phone	Email	

Local Unit/Council voted on \_\_\_\_\_ and approved the following amendment.  
(Date)

Article \_\_\_\_\_ Section \_\_\_\_\_ Paragraph \_\_\_\_\_ Page \_\_\_\_\_

The amended wording now reads:

President's Signature \_\_\_\_\_

Secretary's Signature \_\_\_\_\_

### STATE APPROVAL

Approved by \_\_\_\_\_

Date \_\_\_\_\_

*\* Please remember to attach your delegate's list and meeting minutes.*