

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 10/4/2018		Local Unit ID # 33632	
District 9	Council Tom Mathis		PTA Name Frey ES PTSA
Contact Person Allison Endicott		PTA Position President 2018-19	
Address 2968 Cathy Ann Court			
City Acworth		State Georgia	Zip 30101
Cell Phone 678-437-0482		Home Phone 770-975-6655	
Email president@freyspark.org			

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

Article V Section 7 Line 129-130 Page 3

The amended wording now reads: Section 7. Each member of this local PTA/PTSA shall pay annual dues of \$10.00 to said association. The amount of such annual dues shall include the portion payable to the Georgia PTA and the portion payable to the National PTA.

President's Signature _____

Secretary's Signature _____

STATE APPROVAL
_____ APPROVED BY
_____ DATE