



Bylaws Submission Form

Electronic copy of bylaws submission required.

Electronic submissions must be emailed in a **Word** format to the Bylaws Chair at liaison@vapta.org.

Name of Local PTA or Council: _____
(Full Legal name of the PTA or Council)

Submitted to Virginia PTA following approval by the general membership on _____ (date).

Each PTA should have a standing committee that reviews the bylaws every five (5) years to make sure they are still applicable to your unit. The committee should update the required state (#) items as needed. Amendments to required items, which are made at the Virginia PTA Conference, do not require any action by your PTA, but do need to be incorporated into your bylaws immediately.

The latest **Local Unit Bylaws Template** can be accessed through the Virginia PTA website at:
<https://www.vapta.org/pta-basics/bylaws-home/bylaws>

Always submit an electronic copy in a **Word** format. **If changes have been made, submission must include a list of amendments made to the document.**

Please check one:

- _____ Submitting revised copy of bylaws with date of approval by general membership. Amendments made and a list submitted for review. [pages 2-3 required]
- _____ No Amendments made. Bylaws reapproved by current general membership. [page 2 required]

Person to whom bylaws should be returned: _____

_____ Phone Number

_____ *Email Address (**required - bylaws are sent electronically**)

When bylaws are **approved** for sufficiency, Virginia PTA will email a copy containing the approval stamp to the person indicated above. If bylaws are **not approved**, an email response will be sent explaining the needed corrections.

If you have any questions regarding this information, please contact Art Wayne, Bylaws Chair at bylaws@vapta.org.

**VIRGINIA PTA
APPROVAL OF LOCAL UNIT BYLAWS**

Bylaws of the Insert name of local unit of Insert city/county location of school were approved by the membership at its meeting on Insert date of meeting.

Signed: _____ Insert name of President
President Print/Type Name

AM phone number: Insert telephone number

PM phone number: Insert telephone number

e-mail: Print legibly or type e-mail address

Signed: _____ Insert name of Secretary
Secretary Print/Type Name

Signed: _____ Insert name of Bylaws chair
Bylaws Committee Chairman Print/Type Name

(Space below for use by State Bylaws Chairman or designee only.)

Approved on behalf of the Board of Directors by the Virginia PTA Bylaws Committee:

State Bylaws Committee

Date

NOTE: Bylaws of this local unit will take effect on _____ and must be submitted for review to the Virginia PTA by _____ to remain a local unit in good standing. Submitting amendments to these bylaws for approval in the interim does not change this 5-year anniversary date when a complete set of bylaws must be submitted for review.

Name of Local PTA or Council: _____

Unit Contact: _____

Email: _____

Proposed bylaws changes (Please attach additional pages if necessary.)

Page #	Article #	Section #	Amendment

