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LOCAL UNIT BYLAWS
REVIEW AND AMENDMENT REQUEST
(For use by Local Units to report bylaw changes.)

LOCAL UNIT _____

LOCAL UNIT BYLAWS CHAIR OR PRESIDENT _____

ADDRESS _____

PHONE _____ FAX _____ E-MAIL _____
(Home telephone number of person to be contacted regarding bylaws, if there are any questions.)

ARIZONA, PTA, REGION, DIRECTOR _____

DATE OF MEETING WHERE BYLAW CHANGES WERE APPROVED BY LOCAL UNIT
MEMBERSHIP _____
(Date)

PLEASE CHECK ONLY ONE OF THE FOLLOWING (CHANGE TO COUNCIL IF APPLICABLE):

- Our Local Unit adopted the Arizona PTA Suggested Local Unit Bylaws making no changes other than filling in the blanks provided.
Our Local Unit adopted the Arizona PTA Suggested Local Unit Bylaws with the following changes: (Changes may be typed or written on separate page and attached. Include article and section numbers that were altered.)

SIGNATURES OF LOCAL UNIT BYLAWS CHAIR AND LOCAL UNIT OR COUNCIL PRESIDENT

(Local Unit Bylaws Chair) (Date) (Phone/E-Mail Address)
(Local Unit or Council President) (Date) (Phone/E-Mail Address)

Mail Five (5) Copies of Your Revised Bylaws To:
Arizona PTA
Attention: Bylaws Chair
2721 N. 7th Avenue
Phoenix, AZ 85007