

BYLAWS AMENDMENT FORM revised March 2024



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.
- Submit one original for each amendment, a copy of the 30 day notification, a copy of the Meeting minutes approving the changes, and a list of paid PTA members in attendance. (The new amended bylaws will be returned to your local unit and council.)
- **Email bylaws@georgiapta.org and copy office@georgiapta.org or Mail to Georgia PTA, 114 Baker Street, NE, Atlanta, GA 30308-3366.**

Date <u>2/28/2025</u>		Local Unit ID # <u>1788</u>	
District <u>12</u>	Council Area <u>1</u>	PTA Name <u>Brookwood HS PTSA</u>	
Contact Person <u>Quynh Nga Tran</u>		PTA Position <u>Co-President</u>	
Address <u>1255 Dogwood Road</u>			
City <u>Snellville</u>		State <u>Georgia</u>	Zip <u>30078</u>
Cell Phone <u>770-568-9288</u>		Home Phone _____	
Email <u>QTran@nt-law.com</u>			

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

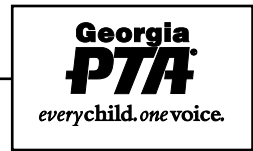
Article V Section 5 Line 126 Page 4

The amended wording now reads: The national portion of each member's dues shall be three dollars,
twenty-five cents (\$3.25) per annum.

President's Signature Quynh Nga Tran
Secretary's Signature Kazi Alam

STATE APPROVAL	
_____ APPROVED BY	
_____ DATE	

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Date		Local Unit ID #	
District	Council	PTA Name	
Contact Person		PTA Position	
Address			
City		State	Zip
Cell Phone		Home Phone	
Email			

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

Article _____ Section _____ Line _____ Page _____

The amended wording now reads: _____

President's Signature Quynh Nga Tran

Secretary's Signature Kazi Alam

STATE APPROVAL
_____ APPROVED BY
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Contact Person <u>Quynh Nga Tran</u>		PTA Position <u>Co-President</u>	
Address <u>1255 Dogwood Road</u>			
City <u>Snellville</u>		State <u>Georgia</u>	Zip <u>30078</u>
Cell Phone <u>770-568-9288</u>		Home Phone _____	
Email <u>QTran@nt-law.com</u>			

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

Article V Section 7 Line 128-129 Page 4

The amended wording now reads: Each member of the local PTA/PTSA shall pay annual dues of \$15
to said association. The amount of such annual dues include the portion payable to the Georgia PTA
and the portion payable to the National PTA.

President's Signature *Quynh Nga Tran*
 Secretary's Signature *Kazi Alam*

STATE APPROVAL	
_____ APPROVED BY	
_____ DATE	