

Unit Bylaws Information Summary

INSTRUCTIONS: Use your bylaws to fill in the blanks and create your own quick reference guide.

Unit Legal Name: _____

PTA Council: _____ **District:** _____

PTA Organization Date: _____ Fiscal Year Starts: _____ Fiscal Year Ends: _____

National PTA ID #: _____ California PTA ID #: _____ EI #: _____

FTB #: _____ CT #: _____ Incorporated Unit - Corporation #: _____

Membership Dues: \$_____ per member | \$2.25 National PTA | \$2.00 California State PTA
\$_____ District | \$_____ Council | \$_____ (This amount remains in unit.)

Officers: President, Secretary, Treasurer, Parliamentarian, Historian & (check all your board positions):

Executive Vice President | EVP serves notice of president's vacancy? Yes No

VPs - How many? _____ Corresponding Secretary Financial Secretary Auditor

Nominating Committee: # of members: _____ # of alternates: _____

Date officers assume duties (month/day - e.g. July 1): _____

Association Meetings (week/day - e.g. 3rd Monday): _____

Months: _____

Months: _____

Annual Meeting/Election Month: _____ | Quorum: _____

Special Meetings called at written request of _____ (number) of board members

Board Meetings (week/day - e.g. 1st Tuesday): _____

Amount authorized for unbudgeted items between association meetings: \$_____

Special Meetings called at written request of _____ (number) of board members | Quorum: _____

Council Membership: Council Assessment (if any): _____ Due to council on: _____

additional delegates for regular meeting: _____ Elected OR Appointed in (month): _____

Length of term: _____ year(s) | # of additional delegates for Annual Meeting: _____

Vice Presidents: (Add title/role for VPs- e.g. 'Programs Chairperson')

1st Vice President serves as _____

2nd Vice President serves as _____

3rd Vice President serves as _____

4th Vice President serves as _____

5th Vice President serves as _____

6th Vice President serves as _____

Due Dates - Send to council/district:

Board Roster _____

Annual Budget _____

PTA Insurance _____

Annual Financial Report _____

Adopted Audits _____

Gov't Filings: IRS 990 _____

FTB 199 _____

AG RRF-1 _____

Additional Check Signer: (Elected officer not residing in the same household as president, treasurer, financial secretary, or auditor. Also, cannot be the secretary or auditor): President, Treasurer and _____

Standing Committees (List committees that function all year):

Membership Programs Fundraising Safety Hospitality Family Engagement

_____ _____ _____ _____ _____ _____