Bylaws Information Summary

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

PTA legal name: ____________________________

PTA Council name: ____________________________ PTA District Name: ____________________________

PTA Organization date: ____________________________ Fiscal Year starts: ____________________________ Fiscal Year ends: ____________________________

National PTA ID #: ____________________________ California PTA ID #: ____________________________ EL #: ____________________________

FTB #: ____________________________ CT #: ____________________________ Incorporated Units - Corporation #: ____________________________

Membership dues: $_________________ per member | $2.25 National PTA | $2.00 California State PTA

$_________________ District | $_________________ Council | $_________________ (this amount remains in unit)

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

□ 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: ____________________________ | Quorum: ____________________________

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 ____________________________

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

Due Dates - Send to council/district:

Board Roster
Annual Budget
PTA Insurance
Annual Financial Report
Adopted Audits
Government Filings:
IRS 990
FTB 199
AG RRF-1

www.capta.org