

CHANGE OF STATUS

(Not to be used for disbanding)

California State PTA Unit Identification # _____ **District PTA** _____

National PTA Unit Identification # _____ **Council** _____

Current Name of unit/council _____

School street address, city, ZIP code _____

Fiscal year ending _____ EIN _____
(month and day) (Internal Revenue Service)

Name and address of president _____

THIS FORM IS BEING SUBMITTED FOR A CHANGE THAT WENT INTO EFFECT ON _____

ALL OF THE FOLLOWING REQUIRE THE BYLAWS BE REVISED TO REFLECT THE CHANGE and are not official until the bylaws are approved.

*Requires organization of one or more new units. Unit retaining original name and bylaws does not reorganize although a minor name change may be required. Needs clear explanation of action being taken.

NEW STATUS

Complete fully with details:

- ☐ **Combined** Units combining: _____ **and** _____
- ☐ **Transferred** From _____ to _____
- ☐ **Grade Change** From _____ to _____
- ☐ **Fiscal Year change** From _____ to _____
- ☐ **Name change** New name is: _____
- ☐ **Address Change** New address is: _____
- ☐ **Divided*** _____

Signature _____ **Date** _____

District President

SEND THIS ORIGINAL FORM ALONG WITH AN ORIGINAL SET OF BYLAWS TO THE CALIFORNIA STATE PTA OFFICE. KEEP A COPY FOR DISTRICT PTA FILES.

FOR CALIFORNIA STATE PTA OFFICE USE ONLY

Signature _____ **Date Bylaws Approved** _____

California State PTA Parliamentarian

<input type="checkbox"/> Pending COS received:	<input type="checkbox"/> e-Bylaws site updated:
<input type="checkbox"/> Update to database:	<input type="checkbox"/> Update to National PTA:
Date of Board of Managers Report:	Changes made by: