

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)

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***_____
_____**Name and address of president**_____
_____**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: