

VIRGINIA PTA/PTSA

Bylaws of the _____

of _____

Approved by the local unit membership at its meeting on _____

Signed: _____

President

AM phone number: (____) _____

PM phone number: (____) _____

e-mail _____

Secretary

Bylaws Committee Chairman

(Space below for use by State Bylaws Chairman or designee only.)

Approved on behalf of the Board of Managers by the Virginia PTA/PTSA Bylaws Committee:

State Bylaws Committee

Date

Note: Bylaws of this local unit must be submitted for review to the Virginia PTA/PTSA by _____ to remain a unit in good standing. Submitting amendments to these bylaws for approval in the interim does not change this 5-year anniversary date when a complete set of bylaws must be submitted for review.