

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: