

RESOLUTION SUBMISSION FORM

NAME OF SUBMITTING PTA/PTSA: _____

Contact Person:

NAME: _____

ADDRESS: _____

TELEPHONE: HOME _____ WORK _____

EMAIL _____

Subject: Resolution _____ Platform Amendment _____

Originating Group: Local Unit _____ Council _____ State Board _____

Has your PTA/PTSA membership adopted this Resolution/Amendment? YES NO

- If yes, date of adoption _____
 Number of members approving _____ Number of members disapproving _____
- If no, state reason: _____

CHECKLIST:	YES	NO
• Is your PTA/PTSA in good standing?	_____	_____
• Is the proposed action:		
1. In accordance with PTA objectives and policies?	_____	_____
2. Related to education, health or welfare of children or youth?	_____	_____
3. Accompanied by background data, a table of contents and reference sheets with pages numbered consecutively?	_____	_____
4. Signed by the president and secretary?	_____	_____
5. Related to state statutes, regulations or legislative action?	_____	_____

Signature of President	Signature of Secretary	Date
------------------------	------------------------	------

*****FOR RESOLUTION COMMITTEE USE ONLY*****

Referred to Convention with: _____ DO PASS _____ DO NOT PASS _____ NO RECOMMENDATION

No action because: _____

Referred to _____ on _____

because _____