

Proposed Bylaw Amendment Worksheet– 2018 MD PTA Convention

Proposed by	Local Unit Name & County

Email	Phone

Article #	Title	Section #	Sentence #

Current Language

Proposed Amendment

Rationale

Committee Use ONLY:	
Date received	_____
Date reviewed by bylaws committee	_____
Date submitted to executive committee	_____
Date referred to the BOD	_____
Action Taken	Accept <input type="checkbox"/> Reject <input type="checkbox"/>

