

Proposed Bylaw Amendment Worksheet– 2017 MD PTA Convention

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|--------------------|-------------------------------------|
| 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"/> |

