

NEBRASKA STANDARD UNIT BYLAWS

<p>Approved by the Unit _____ (Date)</p> <p>_____</p> <p>Unit Officer Signature</p> <p>_____</p> <p>Unit Office Title</p>	<p>Approved by NePTA _____ (Date)</p> <p>_____</p> <p>NePTA Bylaws Committee Member</p> <p>Bylaws Renewal Date _____ (Do not write in this section. For NePTA use only.)</p>
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NAME OF PTA/PTSA UNIT

SCHOOL INFORMATION

Name

Address, City, Zip Code

PRESIDENT'S INFORMATION

Name

Address, City, Zip Code

Contact Phone Number and E-mail Address

UNIT BYLAWS CHAIR

Name

Contact Phone Number and E-mail Address

- ❖ All bylaws, including copies, must be signed.
- ❖ Send two (2) copies by U.S. Mail. Do not fax (Fax copies will be returned without action.).
- ❖ Send to: Nebraska PTA
ATTN: Bylaws Committee
PO BOX 1422
Bellevue, NE 68005