Bylaws Distribution Confirmation

PTA Unit Name _____

It is important that all members of the Board of Directors of this Local Unit PTA have a copy of the most updated version of the Local Unit Bylaws (approved by SCPTA Board of Directors on January 19, 2025 and adopted by this Unit's General Membership). This ensures that all Officers are informed of their role and responsibilities, as well as policies.

I acknowledge the above statement and have provided all members of the Board of Directors (Elected Officers, Committee Chairs, & the Principal) with a copy of our approved Bylaws.

Printed Name _____

Signature _____

Date _____

☐PTA President *or* ☐PTA Secretary