



**Cover Sheet for Submitting  
RESOLUTIONS**

**All resolutions must be RECEIVED on or before October 1<sup>st</sup>, prior to the year of the convention in which the resolution will be voted upon, if accepted. NO FACSIMILES (FAX) ACCEPTED.**

|  |                              |   |  |
|--|------------------------------|---|--|
| Resolution title:  |                              |   |  |
| Name of submitting PTA:  |                              |   | PTA ID#  |
| Check one box:      Local <input type="checkbox"/> Council <input type="checkbox"/> Region <input type="checkbox"/> Other <input type="checkbox"/> |                              |   |  |
| Name of Local/Council PTA President or Region Vice-President (only one signature necessary for submission):  |                              |   |  |
| Address:   |                              |   |  |
| City:  |                              | Zip:  | Phone:   |
|  |                              |   |  |
| Has your PTA board/general membership approved this resolution?  | Yes <input type="checkbox"/> | Date:   | No <input type="checkbox"/>  |
| Has a resolution covering the same issue been approved by Pennsylvania PTA/National PTA convention delegates?                                      |                              |   | Yes <input type="checkbox"/> (Submission not required.....already existing)<br>No <input type="checkbox"/> (Proceed to criteria) |
| Is this resolution in accordance with the purposes/objectives of the PTA?  |                              |   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Why does your PTA consider this resolution of statewide interest?  |                              |   |  |
|  |                              |   |  |
| Name of person submitting Resolution if other than President:  |                              | Position:<br><input type="checkbox"/> Officer _____ <input type="checkbox"/> Member |  |
| Address:   |                              |   |  |
| City:  |                              | Zip:  | Phone:   |
| Signature of Person submitting Resolution:   |                              |   | Date:  |
|  |                              |   |  |
| President's Signature:   |                              |   | Date:  |

August 2011