

**Cover Sheet for Submitting**

**RESOLUTIONS**

**All resolutions must be RECEIVED  on or before April 1st, 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                 Council                Region                   Other   | | | | | |
| 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    | Date: | | | No  |
| Has a resolution covering the same issue been approved by Pennsylvania PTA/National PTA convention delegates? | | | | | Yes      (Submission not   requiredc..already existing)  No     (Proceed to criteria) |
| Is this resolution in accordance with the purposes/objectives of the PTA?               Yes               No    | | | | | |
| Why does your PTA consider this resolution of statewide interest? | | | | | |
|  | | | | | |
| Name of person submitting Resolution if other than President: | | | Position:     Officer \_\_\_\_\_\_\_\_\_\_\_\_\_      Member | | |
| Address: | | | | | |
| City:                                                               Zip:                                         Phone: | | | | | |
| Signature of Person submitting Resolution:                                                 Date: | | | | | |
|  | | | | | |
| President’s Signature:                                                                                  Date: | | | | | |
|  |  |  |  |  |  |

August 2011

MAIL TO:  Pennsylvania PTA State Office, 4804 Derry St, Harrisburg, PA  17111