RESOLUTION COVER SHEET

This cover sheet must accompany any resolution proposed for action by delegates at the New York State PTA Convention.

DEADLINE: APRIL 15 of the Convention Year

The resolution submitted must meet the criteria listed under Submitting a Resolution before the resolution can be considered by the Convention.

TITLE OF RESOLUTION: __________________________________________

Originating Group Name: _________________________________________

Originating Group Code #: _________ Unit_____ Council _________ Region _________

Resolution was adopted by majority vote on: ____________________________

By Executive Board ___________ General Membership ____________

Signatures: _______________________________________________________

President/Region Director __________________ Secretary __________________

CONTACT PERSON FOR ORIGINATING GROUP:

Name: ____________________________________________________________

Address: __________________________________ City ___________ Zip_______

Telephone: (_____ ) ___________ E- mail: ____________________________

CHECKLIST FOR PROPOSED RESOLUTION:

_____ In accordance with PTA Objects and Policies

_____ Not already covered by New York State PTA “Where We Stand”

_____ Issue of Statewide Concern

_____ NARRATIVE SUMMARY included

_____ TABLE OF CONTENTS documenting each Whereas clause with three background sources

_____ Signed by President/Region Director

_____ Signed by Secretary

_____ Submitted in triplicate

FOR NEW YORK STATE PTA USE ONLY

Date Received: __________________________

Action: Return to Sender ___________ Because ______________________________________

Referred to Executive Committee ____________________________________________