Form for Proposed Resolution or Platform Item

Deadline: November 1 (at the Iowa PTA office)
PO Box 10634, Cedar Rapids, IA 52410

Name of PTA/PTSA Unit or Council ________________________________

City ___________________________ Zip ___________________________

Contact Person ___________________________ Phone ___________________________

Resolution or Platform Item:

Rationale (if Platform Item):

** Attach additional pages if necessary **

For Office Use

Is Proposed Action:
☐ In accordance with PTA Mission and Purpose?
☐ Related to education, health, or welfare of children and youth?
☐ Accompanied by background data, table of contents, and reference sheets. Are pages numbered consecutively?
☐ Signed by the unit or council president and secretary?
☐ (if legislative) Related to state rules, regulations, agencies, or legislature’s action?
☐ Related to state and local statutes?

Signatures:

__________________________________________  ________________________________________  __________________________
President                        Secretary                        Date