RESOLUTION COVER SHEET (GEORGIA PTA)

Georgia PTA
*every**child**.one**voice**.*

Purpose:
This cover sheet must accompany any resolutions proposed for action by delegates to the Georgia PTA Convention.

Instructions:
• Make copies of this form as needed.
• Use a separate form for each resolution.
• Fill in the information requested below. Please print.
• Must be postmarked by **the first Friday in January that is a business day**.
• **Mail to Georgia PTA, 114 Baker Street, NE, Atlanta, GA 30308-3366.**

Date		Local Unit ID #	
District	Council	PTA Name	
Contact Person		PTA Position	
Address			
City		State	Zip
Cell Phone		Home Phone	
Email			

RESOLUTIONS CHECKLIST

Georgia PTA reviews submitted resolutions against criteria established by National PTA. More information about these requirements can be found on National PTA's website, www.pta.org.

This resolution:

☐ Concerns a field of interest of Georgia PTA and is in agreement with the Purposes and basic policies of National PTA.

☐ Concerns a matter that is statewide in scope and requires statewide action for solution.

☐ States a position not previously adopted by National or Georgia PTA.

☐ Is written in language appropriate for state consideration.

☐ Includes a table of contents.

☐ Is accompanied by background material that is statewide in scope and from a variety of sources.

☐ Does not use PTA materials as a reference.

☐ Uses current resource material (less than 6 years old).

☐ Included background references from accurate sources for each *Whereas* statement. (Newspaper articles, abstracts, and editorials alone are not adequate documentation.)

☐ Includes a reference sheet that substantiates each *Whereas* statement.

☐ Provides sufficient background to give a person with no knowledge of the subject enough information to make an intelligent decision.

☐ Does not contain more than 25 double-sided pages of documentation (numbered consecutively, in no smaller than 12 pt. Times New Roman).

President's Signature:_____