

PTA/PTSA Excellence Program (PEP)

Bylaws Acknowledgement 2024 – 2025

*Please return via email to pep@livoniaptsacouncil.org **BEFORE** October 1st.*

*We the Officers and Principal(s) of the _____ PTA/PTSA do hereby acknowledge we have received and **READ** our **UNIT BYLAWS** and **will uphold the objects of PTA/PTSA as described therein.***

President _____

1st Vice President _____

2nd Vice President _____

Treasurer _____

Recording Secretary _____

Corresponding Secretary _____

Other _____

Principal _____

Assistant Principal _____