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PTA/PTSA Officer & Chairperson Information

This form MUST be received by the Idaho PTA Office by June 1st

Mail to: Idaho PTA PO BOX 50009 Boise, ID 83705 or Email to: info@idahopta.org

Remit this form to the Idaho PTA Office immediately following your elections.

Form is due by June 1 in order to receive membership cards and other materials for the upcoming year.

This form must be filled out every year – even if your information is the same.

This is the PTA's primary source to communicate important information to you and your members.

\*Please include email address (it will not be shared outside of PTA). Please use home mailing address - not school.

Additional officers and board members may be attached or listed on the back of this page.

If your PTA/PTSA President changes any time during the year – please notify the Idaho PTA immediately.

Full Name of PTA/PTSA \_\_\_\_\_

Local Unit Record Number: \_\_\_\_\_ EIN #: \_\_\_\_\_ PTA Region # \_\_\_\_\_

Type of School (check all that apply)  Elem  Jr./Middle  Sr. High  Combined

Approximate # of students enrolled: \_\_\_\_\_ Principal/Administrator Name: \_\_\_\_\_

School Address \_\_\_\_\_

Street Address/PO Box

City/State/Zip

Officers:

President Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

\*Email \_\_\_\_\_

Vice Pres Name: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

\*Email \_\_\_\_\_

Secretary Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

\*Email \_\_\_\_\_

Treasurer Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

\*Email \_\_\_\_\_

Chairpersons:

Membership Chair Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

\*Email \_\_\_\_\_

Legislative Chair Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

\*Email \_\_\_\_\_

Reflections Chair Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

\*Email \_\_\_\_\_

Programs Chair Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

\*Email \_\_\_\_\_

Please PRINT legibly.

If your PTA/PTSA does not hold an election for officers until school begins in the Fall, please send the name of a PTA contact person who can receive and communicate important information to your officers & members.

School Name \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

Address \_\_\_\_\_

Street Address/PO Box

City/State/Zip

Email