

20__-20__



PTA/PTSA Officer & Chairperson Information
This form MUST be received by the Idaho PTA Office
by June 1st

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: Day () Eve. ()
*Email

Vice Pres Name
Address
City/State/Zip
Phone: Day () Eve. ()
*Email

Secretary Name
Address
City/State/Zip
Phone: Day () Eve. ()
*Email

Treasurer Name
Address
City/State/Zip
Phone: Day () Eve. ()
*Email

Chairpersons:

Membership Name
Address
City/State/Zip
Phone: Day () Eve. ()
*Email

Legislation Name
Address
City/State/Zip
Phone: Day () Eve. ()
*Email

Reflections Name
Address
City/State/Zip
Phone: Day () Eve. ()
*Email

Programs Name
Address
City/State/Zip
Phone: Day () Eve. ()
*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.

Name of Contact Person Phone ()
Address
Street Address/PO Box City/State/Zip Email