

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