20___-20__



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

Full Name of PTA/PTSA	Form is <u>due by June 1</u> in order to receive mem <u>This form must be filled out every</u> This is the PTA's primary source to commun * <u>Please</u> include email address (it will not be shared Additional officers and board members m If your PTA/PTSA President changes any time d	year – even if your information nicate important information to I outside of PTA). Please use nay be attached or listed on	n is the same. you and your members. home mailing address - not school. the back of this page.	
Local Unit Record Number:	Full Name of PTA/PTSA			
Type of School (check all that apply)				
School Address				
School Address	Approximate # of students enrolled:	Principal/Administrator N	ame:	
Street Address/PO Box City/State/Zip Officers: President Name President Name Address City/State/Zip Membership Chair Name				
Phone: *Email *Email *Email Vice Pres Name: Legislative Chair Name Address Address City/State/Zip Phone: Address City/State/Zip City/State/Zip Phone: *Email *Email Secretary Name Reflections Chair Name Address Address City/State/Zip Phone: *Email Address City/State/Zip Phone: *Email Phone: *Email *Email *Email Phone: *Email *Email *Email Treasurer Name Programs Chair Name Address City/State/Zip Phone: *Email *Email Yet reasurer Name Programs Chair Name Address City/State/Zip Phone: *Email *Email Yet reasurer Name Reflections Chair Name Address City/State/Zip Phone: *Email *Email *Email *Email Yet reasurer Name City/State/Zip Phone: *Email Yet reasurer Name City/State/Zip Phone: *Email Yet reas				
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