



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

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