

# 2008-09 PTA/PTSA Officer & Chairperson Information

## In order to receive your PTA Back to School Kit - this form MUST be received by the Idaho PTA Office by June 1, 2008

Remit this form to the Idaho PTA Office immediately following your elections. This form is **due by June 1, 2008** 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). Home mailing address, please.

**Use this form only for the 2008-09 year.**

Mail or fax to: Idaho PTA – 500 West Washington – Boise, ID 83702

Questions **call:** 208-344-0851 **Fax:** 208-342-8585 **Email:** idahopta@mindspring.com

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

Address \_\_\_\_\_

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

Phone: Day ( ) \_\_\_\_\_ Eve. ( ) \_\_\_\_\_

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

#### Vice Pres.

Address \_\_\_\_\_

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

Phone: Day ( ) \_\_\_\_\_ Eve. ( ) \_\_\_\_\_

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

#### Secretary

Address \_\_\_\_\_

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

Phone: Day ( ) \_\_\_\_\_ Eve. ( ) \_\_\_\_\_

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

#### Treasurer

Address \_\_\_\_\_

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

Phone: Day ( ) \_\_\_\_\_ Eve. ( ) \_\_\_\_\_

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

### Chairpersons:

#### Membership

Address \_\_\_\_\_

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

Phone: Day ( ) \_\_\_\_\_ Eve. ( ) \_\_\_\_\_

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

#### Legislation

Address \_\_\_\_\_

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

Phone: Day ( ) \_\_\_\_\_ Eve. ( ) \_\_\_\_\_

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

#### Reflections

Address \_\_\_\_\_

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

Phone: Day ( ) \_\_\_\_\_ Eve. ( ) \_\_\_\_\_

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

#### Programs

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** in an effort to keep important information available to your members.

Name of Contact Person \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

*Street Address/PO Box*

*City/State/Zip*

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