

<i>For office use only</i> Date Rcvd. _____ Ent. into DB _____
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**OFFICERS and CHAIRPERSONS**

Please complete this form in its entirety especially if you have elected any new officers or chairpersons for the 2018-2019 school year. **However, if your officers or chairpersons are remaining the same for the 2018-2019 school year, the form still needs to be filled out since some of the pertinent information (i.e., address, telephone number, email address) may have changed. Emails are a must since this is our way of communicating with all of you.** As stated in your bylaws, forms must be returned no later than June 30th, **unless you have a fall election then October 31st.** You may respond via email to [baileyppta@aol.com](mailto:baileyppta@aol.com) or mail your form to Massachusetts PTA Attn. Barbara Bailey 405 Waltham Street #147 Lexington, MA 02421. **Reminder Massachusetts PTA does not share any of this information with 3<sup>rd</sup> parties.**

**2018-2019**

PTA Name (As stated on your bylaws): \_\_\_\_\_

PTA National ID # (8-digit number): \_\_\_\_\_

**President (term expires \_\_\_\_\_)**

Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
City: _____	E-mail: _____
Zip: _____	_____

**Vice President (term expires \_\_\_\_\_)**

Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
City: _____	E-mail: _____
Zip: _____	_____

**Secretary (term expires \_\_\_\_\_)**

Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
City: _____	E-mail: _____
Zip: _____	_____

**Treasurer (term expires \_\_\_\_\_)**

Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
City: _____	E-mail: _____
Zip: _____	_____

**State Liaison (person other than president)**

Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
City: _____	E-mail: _____
Zip: _____	_____

**Cultural Arts/Reflections Chair (term expires \_\_\_\_\_)**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Zip: \_\_\_\_\_

**Membership Chair (term expires \_\_\_\_\_)**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Zip: \_\_\_\_\_

**Health and Welfare Chair (term expires \_\_\_\_\_)**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Zip: \_\_\_\_\_

**Legislative Chair (term expires \_\_\_\_\_)**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Zip: \_\_\_\_\_

**SCHOOL INFORMATION**

If your PTA Unit includes more than one school, please list all schools.

Type of School(s)  Pre-School  Elementary  Middle  Junior High  Senior High  
(Check all that apply):  Jr./Sr. High  Other \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Principal: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Principal: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Principal: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Principal: \_\_\_\_\_ Email: \_\_\_\_\_