



2009-2010 PTA LOCAL UNIT OFFICER/ MAILING INFORMATION SHEET

Name of Unit _____ PTA/PTSA Council _____ Region _____

Region School Address _____ City _____ Zip _____

Phone _____ Principal _____ Date _____

Position	Name	Address, City, Zip	Primary Phone/Term of Office	E-mail	*
President	First	Street	Primary Phone		
	Last	City/Zip	Term of Office mm/dd/yy		
Vice President	First	Street	Primary Phone		
	Last	City/Zip	Term of Office mm/dd/yy		
2nd Vice President	First	Street	Primary Phone		
	Last	City/Zip	Term of Office mm/dd/yy		
Secretary	First	Street	Primary Phone		
	Last	City/Zip	Term of Office mm/dd/yy		
Treasurer	First	Street	Primary Phone		
	Last	City/Zip	Term of Office mm/dd/yy		
Membership	First	Street	Primary Phone		
	Last	City/Zip	Term of Office mm/dd/yy		
Legislation	First	Street	Primary Phone		
	Last	City/Zip	Term of Office mm/dd/yy		
Reflections	First	Street	Primary Phone		
	Last	City/Zip	Term of Office mm/dd/yy		
Other	First	Street	Primary Phone		
	Last	City/Zip	Term of Office mm/dd/yy		

1. * Check box for members to receive copy of the Alaska PTA Newsletter...pick two.
2. Send in new school year's listing as early as possible. It is preferred that home addresses be submitted.
3. List additional officers/chairs on a separate sheet.
4. Complete and return this form with every change of officer's information.

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