

20 ___/20___ PTA/PTSA UNIT OFFICER INFORMATION

Must be in the Oklahoma PTA Office by October 31st

Remit this form to the Oklahoma PTA Office immediately following your elections. This form must be received in the state office by October 31st to receive membership cards and other materials for the upcoming PTA/PTSA year. Officer information must be updated every year to be a **unit in good standing**. This is Oklahoma PTA'S primary way to update the mailing list for the important information we send.

Mail to: Oklahoma PTA, 2801 N Lincoln Blvd., Oklahoma City, OK.,73105

Fax: 405-681-0736 or call 405-681-0750

Email: director@okpta.org

Full Name of PTA/PTSA Unit _____ School District _____
 Type of school (check all that apply) ___Elem ___Middle ___Jr. High ___Sr. High ___Combined
 School address _____ County _____
 School phone (____) _____ PTA Region _____ Employer's ID#(EIN) _____
 National ID# _____ Council (if applicable) _____

Officers for 20 ___/20___

President _____
 Address _____
 City/State/Zip _____
 Phone _____ Cell _____
 E-mail _____

Secretary _____
 Address _____
 City/State/Zip _____
 Phone _____ Cell _____
 E-mail _____

Vice President _____
 Address _____
 City/State/Zip _____
 Phone _____ Cell _____
 E-mail _____

Treasurer _____
 Address _____
 City/State/Zip _____
 Phone _____ Cell _____
 E-mail _____

Reflections Chairman _____
 Address _____
 City/State/Zip _____
 Phone _____ Cell _____
 E-mail _____

Membership Chairman _____
 Address _____
 City/State/Zip _____
 Phone _____ Cell _____
 E-mail _____

Legislative Chairman _____
 Address _____
 City/State/Zip _____
 Phone _____ Cell _____
 E-mail _____

President-Elect _____
 Address _____
 City/State/Zip _____
 Phone _____ Cell _____
 E-mail _____

Additional officers and board members may be attached or listed on back of this page.

If your PTA/PTSA does not hold an election for officers until school begins, please send the name of a Contact person to keep important information in your hands.

Name of contact person _____ Phone _____ Cell _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____

For office use only:

Date received in office _____ Comp _____