

Annual Officers' Contact Information (Form A)

All Units/Councils must update officer's information every year as soon as elections are held!
An outgoing officer will need to log into MemberHub to add the elected officers for 2018-2019
OR return this paper copy to your Region Director by June 15 or as soon as elections are held.

Unit/Council Code # ___ - ___ Unit/Council Name _____
District _____ Council(if any) _____

Please do not enter the school address or phone number as contact information.
This creates a problem during times when schools are closed.
In addition, please do not use the same contact information for multiple officers.

***Required Information**

ENTER ONLY ONE PRESIDENT NAME(Required) A CO-PRESIDENT CAN BE ADDED ON PAGE 2
THE PRESIDENT WILL BE THE MAIN CONTACT FOR NYS PTA AND NATIONAL PTA CORRESPONDENCE

P * Name of President _____
R *Home Address _____
E *City _____ *NY (zip code) _____
S *Phone # () _____ Mobile # for text reminders () _____
I *Email _____
D _____
E _____
N _____
T _____
 1st Year President 2nd Year President

INSERT THE NAME AND ADDRESS OF THE TREASURER (Required)

T *Name of Treasurer _____
R *Home Address _____
E *City _____ *NY (zip code) _____
A *Phone # () _____ Mobile # for text reminders () _____
S *Email _____
U _____
R _____
E _____
R _____

INSERT THE NAME AND ADDRESS OF THE SECRETARY (Required)

S *Name of Secretary _____
E *Home Address _____
C *City _____ * NY (zip code) _____
R *Phone # () _____ Mobile # for text reminders () _____
E *Email _____
T _____
A _____
R _____
Y _____

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INSERT THE NAME AND ADDRESS OF THE CO-PRESIDENT OR PRESIDENT-ELECT (IF ANY)

C O - P R E S I D E N T - E L E C T	<input type="checkbox"/> Co-President <input type="checkbox"/> President-Elect
	Name of Co-President or President-Elect _____
	Home Address _____
	City _____ NY (zip code) _____
	Phone # () _____ Mobile # for text reminders () _____
Email _____	

INSERT THE NAME AND ADDRESS OF THE VICE PRESIDENTS (IF ANY) – ADD ADDITIONAL VICE PRESIDENTS (IF ANY) ON AN ADDITIONAL SHEET

V I C E P R E S I D E N T	Name of Vice-President _____
	Home Address _____
	City _____ NY (zip code) _____
	Phone # () _____ Mobile # for text reminders () _____
	Email _____

INSERT THE NAME AND ADDRESS OF THE CORRESPONDING SECRETARY (IF ANY)

C O R R E S P O N D I N G S E C R E T A R Y	Name of Corresponding Secretary (if any) _____
	Home Address _____
	City _____ NY (zip code) _____
	Phone # () _____ Mobile # for text reminders () _____
	Email _____

INSERT THE NAME AND ADDRESS OF THE MEMBERSHIP CHAIR (IF KNOWN AT THIS TIME)

M E M B E R S H I P	Name of Membership Chair (if any) _____
	Home Address _____
	City _____ NY (zip code) _____
	Phone # () _____ Mobile # for text reminders () _____
	Email _____