

2013-2014 -- OFFICER REPORTING FORM

For Units and Councils

Required



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Officer Reporting Form

Unit/Council Name: _____

Permanent PTA Unit/Council Address (School address or PO Box):

Address _____ City _____ Zip _____

- ✓ REQUIRED completion and return of this form for unit to be in "Good Standing" with Montana and National PTA.
- ✓ Send to: **Montana PTA Office, PO Box 1269, Laurel, MT 59044** OR ptamontana@rbbmt.org by June 1st. If officers change during year, submit new information to the office immediately.
- ✓ Only units that have returned this form will receive *membership cards* and *resources*
- ✓ All officers listing an e-mail address will receive the *Montana PTA Voice* newsletter via e-mail.
- ✓ All officers will be entered into the National PTA online membership database.

President's Name: _____

Address: _____ Term Start Date _____

City & Zip: _____ Term End Date _____

Phone _____ E-Mail address _____

Treasurer's Name: _____

Address: _____ Term Start Date _____

City & Zip: _____ Term End Date _____

Phone _____ E-Mail address _____

Secretary's Name: _____

Address: _____ Term Start Date _____

City & Zip: _____ Term End Date _____

Phone _____ E-Mail address _____

Vice President's Name: _____ Title: _____

Address: _____ Term Start Date _____

City & Zip: _____ Term End Date _____

Phone _____ E-Mail address _____

Vice President's Name: _____ Title: _____

Address: _____ Term Start Date _____

City & Zip: _____ Term End Date _____

Phone _____ E-Mail address _____

If you have more than two Vice Presidents or other board positions, please attach additional form.