

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 _____

**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. A CO-PRESIDENT CAN BE ADDED ON PAGE 2
THE PRESIDENT WILL BE THE MAIN CONTACT FOR NYS PTA AND NATIONAL PTA CORRESPONDENCE**

* Name of President _____
*Home Address _____
*City _____ *NY (zip code) _____
*Phone # () _____ Mobile # for text reminders () _____
*Email _____
* 1st Year President 2nd Year President

INSERT THE NAME AND ADDRESS OF THE TREASURER (REQUIRED)

*Name of Treasurer _____
*Home Address _____
*City _____ *NY (zip code) _____
*Phone # () _____ Mobile # for text reminders () _____
*Email _____

INSERT THE NAME AND ADDRESS OF THE SECRETARY (REQUIRED)

*Name of Secretary _____
*Home Address _____
*City _____ * NY (zip code) _____
*Phone # () _____ Mobile # for text reminders () _____
*Email _____

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

Co-President

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**

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)

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) –
ADD ADDITIONAL MEMBERSHIP CHAIRS (IF ANY) ON AN ADDITIONAL SHEET**

Name of Membership Chair (if any) _____

Home Address _____

City _____ NY (zip code) _____

Phone # () _____ Mobile # for text reminders () _____

Email _____