

# 2018-2019 PTA Unit Officer & Chairpersons Contact Form

**Please complete and return this form by July 1, 2018 AND also when a new officer is elected or chairperson appointed.**



## PTA Unit Information

Unit Name			
School Name			
PTA or School Address		City	Zip
PTA Website or general email address:			

## Officer Information

Position: <b>PRESIDENT</b>	Term ___/___/___ to ___/___/___
Name	
Home Address	
City	Zip Code
Phone <small>cell hm wk</small>	E-Mail *

Position	Term ___/___/___ to ___/___/___
Name	
Phone <small>cell hm wk</small>	E-Mail *

Position	Term ___/___/___ to ___/___/___
Name	
Phone <small>cell hm wk</small>	E-Mail *

Position	Term ___/___/___ to ___/___/___
Name	
Phone <small>cell hm wk</small>	E-Mail *

Position	Term ___/___/___ to ___/___/___
Name	
Phone <small>cell hm wk</small>	E-Mail *

**Please use the back of this page to report contact information for your Committee Chairs. (ie: Reflections Chairperson, Membership Chairperson, Advocacy/Legislative Chair, Etc.)**

*\* The National PTA and Minnesota PTA do not share or sell member information to outside groups.*

Mail or Email by July 1, 2018 to: Minnesota PTA (mnpta@mnpta.org)  
1667 Snelling Ave N  
St. Paul, MN 55108

Position	Term ____/____/____ to ____/____/____
Name	
Phone cell hm wk	E-Mail *

Position	Term ____/____/____ to ____/____/____
Name	
Phone cell hm wk	E-Mail *

Position	Term ____/____/____ to ____/____/____
Name	
Phone cell hm wk	E-Mail *

Position	Term ____/____/____ to ____/____/____
Name	
Phone cell hm wk	E-Mail *

Position	Term ____/____/____ to ____/____/____
Name	
Phone cell hm wk	E-Mail *

Position	Term ____/____/____ to ____/____/____
Name	
Phone cell hm wk	E-Mail *

Position	Term ____/____/____ to ____/____/____
Name	
Phone cell hm wk	E-Mail *