

Local Officer Contact Information

For the Fiscal Year 2020-2021

National PTA ID Number: _____

PTA Name: _____

County: _____

Address: _____

Street

City

Zip

**Please list entire Board of Directors.*

| | | | |
|----------------------------|--|----------------------|--|
| PTA President Name: | | | |
| Street Address: | | | |
| City/State/Zip: | | | |
| Email Address: | | | |
| Home Phone: | | Mobile Phone: | |

| | | | |
|----------------------------|--|----------------------|--|
| PTA Secretary Name: | | | |
| Street Address: | | | |
| City/State/Zip: | | | |
| Email Address: | | | |
| Home Phone: | | Mobile Phone: | |

| | | | |
|----------------------------|--|----------------------|--|
| PTA Treasurer Name: | | | |
| Street Address: | | | |
| City/State/Zip: | | | |
| Email Address: | | | |
| Home Phone: | | Mobile Phone: | |

**Please list all other officer positions on the next page.*

OTHER OFFICERS

| | | | |
|-----------------------------|--|----------------------|--|
| Name - PTA Position: | | | |
| Street Address: | | | |
| City/State/Zip: | | | |
| Email Address: | | | |
| Home Phone: | | Mobile Phone: | |

| | | | |
|-----------------------------|--|----------------------|--|
| Name - PTA Position: | | | |
| Street Address: | | | |
| City/State/Zip: | | | |
| Email Address: | | | |
| Home Phone: | | Mobile Phone: | |

| | | | |
|-----------------------------|--|----------------------|--|
| Name - PTA Position: | | | |
| Street Address: | | | |
| City/State/Zip: | | | |
| Email Address: | | | |
| Home Phone: | | Mobile Phone: | |

Make copies as necessary to capture all Executive Committee Board of Directors contact information Mail, Fax or E-mail to address at the top by July 1, 2019.

Please copy Council at soca@frederickpta.org