

Officer Reporting Form

OFFICER REPORTING FORM

Year: _____



Unit Name: _____ Unit Email _____

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

_____ Address _____ City _____ Zip _____

- ✓ REQUIRED completion and return of this form via **MemberHub** for Unit to be in "Good Standing" with Montana PTA and National PTA.
- ✓ Send to: **Montana PTA, PO Box 1269, Laurel, MT 59044** OR email to mtstatepta@gmail.com by **June 1st**. If officers change during the year, submit new form to Montana PTA immediately.
- ✓ Only units that have returned this form will receive *Montana PTA and National PTA resources*.
- ✓ All officers listing an e-mail address will receive the monthly *Montana PTA Voice* newsletter.
- ✓ 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 or committee chairs, please attach additional form.