

2020-2021 -- OFFICER REPORTING FORM

For Units and Councils

*Required*



Officer Reporting Form

Unit Name: \_\_\_\_\_ Unit Email \_\_\_\_\_

Permanent PTA Unit 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 PTA and National PTA.
- ✓ Send to: **Montana PTA, PO Box 1269, Laurel, MT 59044** OR email to [mtstatepta@gmail.com](mailto:mtstatepta@gmail.com) by **June 1<sup>st</sup>**. 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.***