**OFFICER REPORTING FORM**
For Units and Councils

Required

| Unit Name: ___________________________ | Unit Email: ___________________________ |
| Permanent PTA Unit Address (School address or PO Box): |

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip</th>
</tr>
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**✓ 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 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.**

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**President’s Name: ___________________________**

Address: ___________________________ Term Start Date: ___________________________

City & Zip: ___________________________ Term End Date: ___________________________

Phone: ___________________________ E-Mail address: ___________________________

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**Treasurer’s Name: ___________________________**

Address: ___________________________ Term Start Date: ___________________________

City & Zip: ___________________________ Term End Date: ___________________________

Phone: ___________________________ E-Mail address: ___________________________

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**Secretary’s Name: ___________________________**

Address: ___________________________ Term Start Date: ___________________________

City & Zip: ___________________________ Term End Date: ___________________________

Phone: ___________________________ E-Mail address: ___________________________

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**Vice President’s Name: ___________________________ Title: ___________________________**

Address: ___________________________ Term Start Date: ___________________________

City & Zip: ___________________________ Term End Date: ___________________________

Phone: ___________________________ E-Mail address: ___________________________

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**Vice President’s Name: ___________________________ Title: ___________________________**

Address: ___________________________ Term Start Date: ___________________________

City & Zip: ___________________________ Term End Date: ___________________________

Phone: ___________________________ E-Mail address: ___________________________

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*If you have more than two Vice Presidents or other board positions or committee chairs, please attach additional form.*