

200_ - 200_ PTA NEW OFFICERS REPORT

- This form must be received in the State PTA office by June 1.
- PRINT all information clearly.

PTA Unit Name _____ Region _____
Address _____ County _____ Council _____
City _____ Zip _____ Unit ID# _____

President

Name _____
Address _____ City _____ Zip _____
Home Telephone (____) _____ Work (____) _____
E-mail _____

Vice President

Name _____
Address _____ City _____ Zip _____
Home Telephone (____) _____ Work (____) _____
E-mail _____

Secretary

Name _____
Address _____ City _____ Zip _____
Home Telephone (____) _____ Work (____) _____
E-mail _____

Treasurer

Name _____
Address _____ City _____ Zip _____
Home Telephone (____) _____ Work (____) _____
E-mail _____

Membership Chair

Name _____
Address _____ City _____ Zip _____
Home Telephone (____) _____ Work (____) _____
E-mail _____

- *If membership chair is unknown by June 1 deadline, please send in as soon as appointed.*
- Other officers may be listed on the back of this form.

MAIL TO: ARKANSAS PTA
P.O. Box 1015
North Little Rock, Arkansas 72115
753-5247 locally or 1-800-PTA-4PTA FAX # (501) 753-6168
arpta_office@yahoo.com

Office Use Only: MD DB OMDR EPID# EMA Date Rc'd