

# PTA/PTSA OFFICER INFORMATION

Use this form each year for June 1<sup>st</sup> submittal of officer information to Kentucky PTA and during the year for any changes or additions.

**This form must be completed by June 1<sup>st</sup> of each year—even if your officer information is the same.**

**Use this form immediately if you have not submitted the names, addresses, etc. of your board to the Kentucky PTA office. You may also use this form if your board members change during the year. This is Kentucky PTA's primary way to update the mailing list for the important information we send you. This information is essential for communication among your PTA/PTSA, Kentucky PTA, and National PTA.**

Mail or fax to: Kentucky PTA, P. O. Box 654, Frankfort, KY 40602-0654 Fax: 502-226-6610

Questions??? Call 502-226-6607 or E-mail [kyptapattyh@bellsouth.net](mailto:kyptapattyh@bellsouth.net)

Full Name of PTA/PTSA \_\_\_\_\_ PTA District \_\_\_\_\_  
 Type of School (Check all that apply)  Elem  Middle  Sr. High  Combined County \_\_\_\_\_  
 School Address \_\_\_\_\_  
Street/P. O. Box City State Zip  
 School Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

## Officer Information

**President** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone Day (\_\_\_\_) \_\_\_\_\_  
 Evening/Cell \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Secretary** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone Day (\_\_\_\_) \_\_\_\_\_  
 Evening/Cell \_\_\_\_\_  
 E-Mail \_\_\_\_\_

**Vice President** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone Day (\_\_\_\_) \_\_\_\_\_  
 Evening/Cell \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Treasurer** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone Day (\_\_\_\_) \_\_\_\_\_  
 Evening (Cell) \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Additional officers and board members may be attached or listed on the back of this page.**

**If your PTA/PTSA does not hold an election for officers until school begins, please send the name of a contact person to keep important information in your hands.**

Name of Contact Person \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
Street/P. O. Box City State Zip

**If your PTA/PTSA president changes any time during the year, please notify the Kentucky PTA immediately.**