**PTA/PTSA OFFICERS AND CHAIRPERSONS FORM**

Please remit this form to the Delaware PTA office immediately following your elections.

This form is due by May 31 of each year in order for your unit to receive membership cards and other materials for the next year.

A new form must be remitted *ever y* year, *even* if the information remains the same.

MAIL OR FAX THIS FORM TO: DELAWARE PTA, 925 Bear-Corbitt Rd, Rm 101, Bear, DE 19701

E-MAIL: de\_office@pta.org

Questions? Please call (302) 838-8770

Full Name of PTA or PTSA \_ School District or PTA Region \_

Type of School Early Childhood Elem. Intermediate

 Jr. High or Middle .High School or combined Jr. & Sr. High

Name of School \_ School Address----------------------------

(please provide street address, city and zip code)

OFFICERS (please print clearly or type)

President. \_ Address \_

CHAIRPERSONS (please print clearly or type)

Membership \_ Address \_

City

Zip \_

City .Zip \_

Phone \_ E-Mail \_ FAX. \_

Vice Pres. \_ Address \_ City Zip \_ Phone \_ E-Mail \_ FAX. \_

Secretary \_ Address \_ City .Zip \_

Phone \_ E-Mail \_ FAX \_

Legislation \_ Address \_ City .Zip \_ Phone \_ E-Mail. \_ FAX. \_

Reflections. \_ Address. \_ City .Zip \_

Phone. \_

Phone

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E-Mail \_

FAX

E-Mail---------------

Treasurer \_ Address \_ City .Zip \_ Phone \_ E-Mail \_ FAX \_

FAX. \_

Programs \_ Address \_ City .Zip \_ Phone \_ E-Mail \_ FAX \_

THANK YOU FOR YOUR COMMITMENT TO CHILDREN AND PTA