

Annual Officers' Contact Information (Form A)

You must complete this form **every year** to update your PTA Officers' contact information in order to receive access to the NYS PTA Unit Portal, your Insurance Certificate and future email communications from New York State and National PTA.

You can complete this form online on the NYS PTA website www.nyspta.org using the "ANNUAL Officers' Contact Information (FORM A)" button on the home page under Quick Links, or return this paper copy to your Region Director by June 15.

Unit/ Council Code # ___ - ___ Unit/Council Name _____

School District _____

Did you file an IRS Form 990 for the fiscal year ending June 30, 2016 which was due no later than November 15, 2016?

- Yes, we filed a 990-EZ with Attachment A No, we did not file an IRS 990 of any type
 Yes, we filed a 990-N (ePostcard) No, we filed an Extension Not sure if the IRS 990 was filed

*Required Information

**ENTER ONLY ONE PRESIDENT NAME. A CO-PRESIDENT CAN BE ADDED ON PAGE 2
THE PRESIDENT WILL BE THE MAIN CONTACT FOR NYS PTA AND NATIONAL PTA CORRESPONDENCE**

* Name of President _____

*Home Address _____

*City _____ *NY (zip code) _____

*Phone # () _____ Mobile # for text reminders () _____

*Email _____

- * 1st Year President 2nd Year President

INSERT THE NAME AND ADDRESS OF THE TREASURER (REQUIRED)

*Name of Treasurer _____

*Home Address _____

*City _____ *NY (zip code) _____

*Phone # () _____ Mobile # for text reminders () _____

*Email _____

INSERT THE NAME AND ADDRESS OF THE SECRETARY (REQUIRED)

*Name of Secretary _____

*Home Address _____

*City _____ * NY (zip code) _____

*Phone # () _____ Mobile # for text reminders () _____

*Email _____

Annual Officers' Contact Information (Form A)

INSERT THE NAME AND ADDRESS OF THE CO-PRESIDENT OR PRESIDENT-ELECT (IF ANY)

Co-President

President-Elect

Name of Co-President or President-Elect _____

Home Address _____

City _____ NY (zip code) _____

Phone # () _____ Mobile # for text reminders () _____

Email _____

INSERT THE NAME AND ADDRESS OF THE VICE PRESIDENT (IF ANY) - ADDITIONAL VICE PRESIDENTS CAN BE ADDED ONLINE LATER USING THE "ADD OPTIONAL OFFICER" BUTTON ON THE UNIT PORTAL

Name of Vice-President _____

Home Address _____

City _____ NY (zip code) _____

Phone # () _____ Mobile # for text reminders () _____

Email _____

INSERT THE NAME AND ADDRESS OF THE CORRESPONDING SECRETARY (IF ANY)

Name of Corresponding Secretary (if any) _____

Home Address _____

City _____ NY (zip code) _____

Phone # () _____ Mobile # for text reminders () _____

Email _____

INSERT THE NAME AND ADDRESS OF THE MEMBERSHIP CHAIR (IF KNOWN) - MEMBERSHIP CHAIRS CAN BE ADDED ONLINE LATER USING THE "ADD MEMBERSHIP CHAIR" BUTTON ON THE UNIT PORTAL

Name of Membership Chair (if any) _____

Home Address _____

City _____ NY (zip code) _____

Phone # () _____ Mobile # for text reminders () _____

Email _____