

2016-2017 LOCAL UNIT OFFICER REPORT



Date _____ / _____ / _____

The turn-in deadline for this form is May 31st.

PTA/PTSA Name (as indicated on your Bylaws or Charter) _____

School Address _____ City _____, SC Zip _____

National PTA ID #	
Federal EIN	-
Bylaws Expiration	/ /
SCPTA District #	

The term for each officer is required and is used by National PTA and SCPTA to maintain an accurate database of who your current officers are. Should an officer change during the year, please submit a new form indicating the expiration date of the previous officer and the term of the new officer.

For assistance in locating this information, please contact your District President or the SCPTA office.

SCPTA uses this information for communication purposes internally only. No information is distributed.

Local Unit President _____	Term: July 1, 20__ - June 30, 20__
Home Address _____	City _____, SC Zip _____
Phone Number (_____) _____	e-mail: _____
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work
President-Elect (optional) _____	Term: July 1, 20__ - June 30, 20__
Home Address _____	City _____, SC Zip _____
Phone Number (_____) _____	e-mail: _____
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work
Vice-President _____	Term: July 1, 20__ - June 30, 20__
Home Address _____	City _____, SC Zip _____
Phone Number (_____) _____	e-mail: _____
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work
Vice-President _____	Term: July 1, 20__ - June 30, 20__
Home Address _____	City _____, SC Zip _____
Phone Number (_____) _____	e-mail: _____
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work
Treasurer _____	Term: July 1, 20__ - June 30, 20__
Home Address _____	City _____, SC Zip _____
Phone Number (_____) _____	e-mail: _____
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work
Secretary _____	Term: July 1, 20__ - June 30, 20__
Home Address _____	City _____, SC Zip _____
Phone Number (_____) _____	e-mail: _____
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work

Membership Chair _____ Term: July 1, 20__ - June 30, 20__
Home Address _____ City _____, SC Zip _____
Phone Number (_____) _____ e-mail: _____
 Home Work Cell Home Work

Legislative Chair _____ Term: July 1, 20__ - June 30, 20__
Home Address _____ City _____, SC Zip _____
Phone Number (_____) _____ e-mail: _____
 Home Work Cell Home Work

Reflections Chair _____ Term: July 1, 20__ - June 30, 20__
Home Address _____ City _____, SC Zip _____
Phone Number (_____) _____ e-mail: _____
 Home Work Cell Home Work

Volunteer Chair _____ Term: July 1, 20__ - June 30, 20__
Home Address _____ City _____, SC Zip _____
Phone Number (_____) _____ e-mail: _____
 Home Work Cell Home Work

Program Chair _____ Term: July 1, 20__ - June 30, 20__
Home Address _____ City _____, SC Zip _____
Phone Number (_____) _____ e-mail: _____
 Home Work Cell Home Work

School Principal/Administrator _____
School Phone Number (_____) _____ School FAX Number (_____) _____
E-mail: _____