THIRTY-FIRST DISTRICT PTSA
be the change you want to see in the world

PTA/PTSA Unit Officer Information Sheet

Term (Years): _____

Name of PTA/PTSA: _____   **Council:** _____

Remit this form to your council president immediately following your elections. This form must be received in the District office **no later than April 30th** for a unit to be considered "in good standing". Officer information must be updated every school year. This is the California State PTA and 31st District PTSA's primary way to update the mailing list for the important information we send.

School Principal

Name: _____

Email: _____   Phone: _____

School Representative (Determined by Principal)

Name: _____   Title: _____

Email: _____   Phone: _____

President

Name: _____   Phone: _____

Mailing Address: _____   Email: _____

City: _____ Zip Code: _____   Preferred Language: _____

Executive Vice President

Name: _____   Phone: _____

Mailing Address: _____   Email: _____

City: _____ Zip Code: _____   Preferred Language: _____

Treasurer

Name: _____   Phone: _____

Mailing Address: _____   Email: _____

City: _____ Zip Code: _____   Preferred Language: _____

Secretary

Name: _____   Phone: _____

Mailing Address: _____   Email: _____

City: _____ Zip Code: _____   Preferred Language: _____

Auditor

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ Zip Code: _____ Preferred Language: _____

Parliamentarian

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ Zip Code: _____ Preferred Language: _____

Historian

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ Zip Code: _____ Preferred Language: _____

Reflections Chairperson

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ Zip Code: _____ Preferred Language: _____

Hospitality Chairperson

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ Zip Code: _____ Preferred Language: _____

Vice President of Membership

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ Zip Code: _____ Preferred Language: _____

Vice President of Communications

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ Zip Code: _____ Preferred Language: _____

Vice President of Ways & Means

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ Zip Code: _____ Preferred Language: _____

Other: _____

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ Zip Code: _____ Preferred Language: _____

Other: _____

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ Zip Code: _____ Preferred Language: _____

Other: _____

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ Zip Code: _____ Preferred Language: _____

Other: _____

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ Zip Code: _____ Preferred Language: _____

Other: _____

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ Zip Code: _____ Preferred Language: _____

Other: _____

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ Zip Code: _____ Preferred Language: _____