

Annual Officers' Contact Information FORM A



You must complete and submit this form **every year** to verify your PTA contact information. In order to receive future mailings from New York State and National PTA, please complete this form electronically on the NYS PTA web site www.nyspta.org by clicking on the link under Quick Links, or return a printed copy to your Region Director by **June 15th**.

UNIT OR COUNCIL ID # _____ - _____ UNIT OR COUNCIL NAME _____
SCHOOL DISTRICT _____
DID YOU FILE A 990 FORM WITH THE IRS? YES ___ NO ___
FEDERAL EMPLOYER IDENTIFICATION NUMBER ___ - _____
NYS TAX EXEMPT NUMBER _____

Enter one name only. This person will receive ALL NYS PTA and NPTA correspondence

NAME OF PRESIDENT 2011-2012 _____
HOME ADDRESS _____
CITY _____ NEW YORK (ZIP CODE) _____
TEL () _____ E-MAIL(REQUIRED) _____

Insert the name and address of Treasurer

NAME OF TREASURER 2011-2012 _____
HOME ADDRESS _____
CITY _____ NEW YORK (ZIP CODE) _____
TEL () _____ E-MAIL(REQUIRED) _____

Insert the name and address of Co President or an alternate contact

NAME _____
CO PRESIDENT ___ SECRETARY ___ OTHER ___
HOME ADDRESS _____
CITY _____ NEW YORK (ZIP CODE) _____
TEL () _____ E-MAIL(REQUIRED) _____

REGION DIRECTORS 2011-2012
 (Effective immediately following each Region Spring Conference)

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