

# Annual Officers' Contact Information

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](http://www.nyspta.org)) or return a printed copy to your Region Director by **June 15, 2009**.

UNIT OR COUNCIL ID # \_\_\_\_ - \_\_\_\_ UNIT OR COUNCIL NAME \_\_\_\_\_  
SCHOOL DISTRICT \_\_\_\_\_  
NUMBER OF BUILDINGS RELATED TO THIS PTA: \_\_\_\_\_ [SEPTAS AND COUNCILS ONLY INSERT (1)]  
DO 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 2009-2010 \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ NEW YORK (ZIP CODE) \_\_\_\_\_  
TEL ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

*Insert the name and address of Treasurer*

NAME OF TREASURER 2009-2010 \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ NEW YORK (ZIP CODE) \_\_\_\_\_  
TEL ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

*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 \_\_\_\_\_