

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 _____
DO YOU FILE A 990 FORM WITH THE IRS ANNUALLY? 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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