

Wisconsin PTA/PTSA Officer List

School Year:		National ID #:	
Region:		Name of Unit:	
		Full Address of Unit:	
		Council:	

Please **complete** and **return** this information by June 10th for your unit/council to receive the materials for the upcoming school year. All officer names and addresses must be filled out (including those in the second year of a term). This information is **REQUIRED ANNUALLY** for your unit/council to be properly serviced by Wisconsin and National PTA.

PRESIDENT		Phone:	
Full Address:		E-mail:	
VP		Phone:	
Full Address:		E-mail:	
SECRETARY		Phone:	
Full Address:		E-mail:	
TREASURER		Phone:	
Full Address:		E-mail:	
MEMBERSHIP		Phone:	
Full Address:		E-mail:	
NEWSLETTER		Phone:	
Full Address:		E-mail:	
REFLECTIONS		Phone:	
Full Address:		E-mail:	
LEGISLATIVE		Phone:	
Full Address:		E-mail:	
OTHER		Phone:	
Full Address:		E-mail:	
OTHER		Phone:	
Full Address:		E-mail:	
OTHER		Phone:	
Full Address:		E-mail:	
PRINCIPAL		Phone:	
Full Address:		E-mail:	

Return to: Wisconsin PTA, 4797 Hayes Rd. Suite 102, Madison WI 53704
 Phone: 608-244-1455 Fax: 608-244-4785 Email: wi_office@pta.org

To fill out online: www.wisconsinpta.org

Date Completed: