



# 2010 - 2011 OFFICER/UNIT MAILING INFORMATION SHEET

(All Officers and Committee chairs **MUST** be members of **THIS** PTA unit)

Official Local Unit Name: \_\_\_\_\_

Date: \_\_\_\_\_ PTA/PTSA Council: \_\_\_\_\_ Region: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal: \_\_\_\_\_ School Phone: \_\_\_\_\_

Your PTA Membership Dues (total): \_\_\_\_\_ PTA Meetings: \_\_\_\_\_

(example: 2nd Tuesday of month at 7:00 p.m.)

*The following information is kept confidential by Colorado PTA and your PTA Council/Region. **Colorado PTA plans to send electronic communications rather than paper publications in the future. We MUST HAVE your e-mail address in order to do this.** If you do not have internet access please check the box with the appropriate officer's information below.*

Directions: Complete this form, save a copy, and click submit to email this directly to the Colorado PTA office \_\_\_\_\_

President's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

I would like hard copies of all communication.

Treasurer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

I would like hard copies of all communication.

Vice-President's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

I would like hard copies of all communication.

Secretary's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

I would like hard copies of all communication.

(More on other side) \_\_\_\_\_ >

Membership Chair: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

I would like hard copies of all communication.

Legislative Chair: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

I would like hard copies of all communication.

Reflections Chair: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

I would like hard copies of all communication.

Ways & Means (fundraising): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

I would like hard copies of all communication.

If you wish to list more officers and their information, please do so on a separate sheet of paper. Your unit will not receive current communications without this officers list.

Please provide copies of the following: Financial Review/ Annual Audit, Secretary of State Registration, and IRS form 990, 990-EZ, or 990-N (as required to file a tax return).

**FINANCIAL INFORMATION:**

**ALL** signers on PTA/PTSA accounts **MUST** be members of this unit.

**TWO SIGNATURES ARE REQUIRED ON EVERY CHECK OR ACCOUNT WITHDRAWAL!**

Your accounts are kept at:

Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

Account Number \_\_\_\_\_

Signers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All financial Records must be kept for at least seven years. Minutes must be kept indefinitely.**