

## 2011 - 2012 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: \_\_\_\_\_

PTA Individual Membership Dues: \$ \_\_\_\_\_ PTA Meetings: \_\_\_\_\_

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

The following information is kept confidential by Colorado PTA and within your PTA Council/Region. Colorado PTA sends electronic communications. We **MUST HAVE** your email address in order to do this. Please be sure to have most current version of Adobe Reader, [www.Adobe.com/downloads](http://www.Adobe.com/downloads). Complete and save with your unit's name, then attach to an email and send to: office@copta.org

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

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

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(no symbols – numbers only)

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

Vice President \_\_\_\_\_

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

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(no symbols – numbers only)

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

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

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

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(no symbols – numbers only)

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

Treasurer \_\_\_\_\_

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

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(no symbols – numbers only)

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

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

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

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(no symbols – numbers only)

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

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

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

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(no symbols – numbers only)

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

Reflections Chair: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(no symbols – numbers only)  
 E-Mail \_\_\_\_\_

Ways & Means (fundraising): \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(no symbols – numbers only)  
 E-Mail \_\_\_\_\_

\_\_\_\_\_ : \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(no symbols – numbers only)  
 E-Mail \_\_\_\_\_

\_\_\_\_\_ : \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(no symbols – numbers only)  
 E-Mail \_\_\_\_\_

Your accounts are kept at

**FINANCIAL INFORMATION:**

**ALL** signers on PTA/PTSA accounts

**MUST** be members of this unit.

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

Branch \_\_\_\_\_

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

Signers \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

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

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

Membership Reports and dues are required to be filed by **November 1** and **February 1** (even if no new members after November 1). Reports may be submitted as often as needed.

Purchase general liability, bonding and director and officer liability insurance by **November 1**. Your unit may take advantage of Colorado PTA's group buying power and select its carrier, AIM (Association Insurance Management, Inc.). If selecting your own carrier, proof of insurance must be sent to the Colorado PTA office.

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