



MS PTA Board Officers Form

School Year July _____ to June _____

Login to the Secretary of State's website at www.sos.gov and file on-line with the Charities Division. Call 601.359.1599 or 888.236.6167 for questions.

It is important that the MS PTA office has complete information for the Board Officers of your PTA unit each year. Please include a working email address so we can share important information with you in a cost effective manner. This form is available in pdf format on the website at www.misspta.org. Return this form with all fields completed to: MS PTA P. O. Box 1937 Jackson, MS 39215 or email to: misspta@ymail.com. Please be assured that none of this information will be shared publicly.

Unit Name: _____ Unit ID # _____

Unit Address: _____

(JPS units MUST have P.O. Box)

City, State Zip: _____

Principal: _____ new principal at this school continuing principal

Phone: _____ E-mail: _____

President: _____ Term Start _____ Term End _____

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Vice President (s): _____ Term Start _____ Term End _____

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Secretary: _____ Term Start _____ Term End _____

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Treasurer: _____ Term Start _____ Term End _____

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Membership Chair: _____ **Term Start** _____ **Term End** _____
Home Address: _____ cell home work: _____
City, State Zip: _____ cell home work: _____
E-mail: _____ cell home work: _____

Reflections Chair: _____ **Term Start** _____ **Term End** _____
Home Address: _____ cell home work: _____
City, State Zip: _____ cell home work: _____
E-mail: _____ cell home work: _____

Officer's Name/Chair: _____ **Position:** _____
Home Address: _____ cell home work: _____
City, State Zip: _____ cell home work: _____
E-mail: _____ cell home work: _____

Officers Name/Chair: _____ **Position:** _____
Home Address: _____ cell home work: _____
City, State Zip: _____ cell home work: _____
E-mail: _____ cell home work: _____

Officers Name/Chair: _____ **Position:** _____
Home Address: _____ cell home work: _____
City, State Zip: _____ cell home work: _____
E-mail: _____ cell home work: _____

Officers Name/Chair: _____ **Position:** _____
Home Address: _____ cell home work: _____
City, State Zip: _____ cell home work: _____
E-mail: _____ cell home work: _____

Officers Name/Chair: _____ **Position:** _____
Home Address: _____ cell home work: _____
City, State Zip: _____ cell home work: _____
E-mail: _____ cell home work: _____