



# MS PTA Board Officers Form

School Year August \_\_\_\_\_ to May \_\_\_\_\_

Login to the Secretary of State's website at [www.sos.gov](http://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](http://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](mailto: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: \_\_\_\_\_