



MS PTA Board Officers Form

School Year August _____ to May _____

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 Address: _____

(JPS units MUST have P.O. Box)

City, State Zip: _____

Principal: _____ new principal at this school continuing principal

Phone: _____ E-mail: _____

President: _____

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Vice President (s): _____

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Secretary: _____

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Treasurer: _____

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Membership Chair: _____

Home Address: _____ cell home work: _____
City, State Zip: _____ cell home work: _____
E-mail: _____ cell home work: _____

Reflections Chair: _____

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: _____