Mississippi PTA®
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MS PTA Board of Directors Application

Instructions: Attach a resume and one letter of recommendation to this form; return to the MS PTA address or e-mail to address below. Please feel free to use another sheet or the back of this paper for additional comments.

Name: _____

Home Address _____

Best Phone ( ) _____ ☐ Cell ☐ Work ☐ Home

E-mail address _____

Name of Local PTA Unit: _____

PTA Service (Local Unit, Council): _____

_____

Service with Child Related Organizations: _____

_____

Skills and Attributes: _____

_____

Personal Data-Education: _____

_____

Statement of Purpose (Explain why you are interested in serving on the board and how you plan to contribute to the PTA's missions and goals.)

_____
_____
_____
_____

Signature of Person Submitting Recommendation: _____

Best Phone _____ ☐ Cell ☐ Work ☐ Home

E-mail address _____

Signature of Applicant: _____

Date: _____

Mail To:
MS PTA
P. O. Box 1937
Jackson, MS 39215
or
E-mail: misspta@ymail.com