Mississippi PTA
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Committee Application

Name: _____

Home Address _____

Best Phone ( ) _____ ☐ Cell ☐ Work ☐ Home

Alternate Phone ( ) _____ ☐ Cell ☐ Work ☐ Home

E-mail address _____

Place of Employment: _____

Name of Local PTA Unit: _____

PTA Service (Local Unit, Council): _____

_____

Service with Child Related Organizations: _____

_____

Abilities and/or Skills: _____

_____

Personal Data-Education: _____

_____

Honors or Special Achievements: _____

_____

Signature: _____

Committee Position Interest

I wish to be considered for the following position(s). (Rank them in order of preference 1, 2, 3...)

_____Arts In Education
_____Bylaws /Policies and Procedures
_____Membership
_____Family Engagement
_____Health Lifestyles

Mail To:
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P. O. Box 1937
Jackson, MS 39213
or
E-Mail: misspta@ymail.com