



### New PTA/Officers/Committee Chairs List

Complete this form and return to the Nebraska PTA office no later than June 1<sup>st</sup>. Information for all applicable positions must be completed even if the person holding position has not changed. Return to Nebraska PTA PO Box 1422 Bellevue, NE 68005 or email Nebraskapta@yahoo. *If or when you fill a vacant position, please send an updated form to the state. Please submit a new officers list every year even if there are no changes. Thank you!*

**PTA Unit Name:** \_\_\_\_\_ **Principal Name:** \_\_\_\_\_

School Address: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

School Phone: \_\_\_\_\_ PTA e-mail: \_\_\_\_\_

---

**President Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Vice President Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Treasurer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Secretary Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

**Membership Chair Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Reflections Chair Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please attach additional Chair information, as needed, on the back or on the next page if typing. Thank you!

**School Year:** \_\_\_\_\_ **Date Sent:** \_\_\_\_\_