
West Virginia PTA Local Unit Officer List 2016-2017

Unit Name: _____

National PTA Number: _____ FEIN Number _____

School Address: _____

City: _____ Zip: _____

County: _____ Region: _____

Please provide the following information:

Term Dates: _____
Beginning Date Ending Date

President: Name: _____
Address: _____
City/State/Zip: _____
Email Address: _____
Telephone: _____

Vice President: Name: _____
Address: _____
City/State/Zip: _____
Email Address: _____
Telephone: _____

Vice President: Name: _____
Address: _____
City/State/Zip: _____
Email Address: _____
Telephone: _____

Vice President: Name: _____
Address: _____
City/State/Zip: _____
Email Address: _____
Telephone: _____

Secretary: Name: _____
Address: _____
City/State/Zip: _____
Email Address: _____
Telephone: _____

Treasurer: Name: _____
Address: _____
City/State/Zip: _____
Email Address: _____
Telephone: _____

Membership: Name: _____
Address: _____
City/State/Zip: _____
Email Address: _____
Telephone: _____

Reflections: Name: _____
Address: _____
City/State/Zip: _____
Email Address: _____
Telephone: _____

Principal: Name: _____
Address: _____
City/State/Zip: _____
Email Address: _____
Telephone: _____

Even if your officers DONOT change from year to year – this list **MUST BE SUBMITTED**
by 7/1/2016.

PLEASE SUBMIT TO WEST VIRGINIA PTA OFFICE by **July 1, 2016.**
ALSO, SEND NEW LIST ANY TIME OFFICER(S) CHANGE.

MAIL TO:

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EMAIL: office@westvirginiapta.org