

Annual Officers' Contact Information

You must complete and submit this form **every year** to verify your PTA contact information. In order to receive future mailings from New York State and National PTA, please complete this form electronically on the NYS PTA web site (www.nyspta.org) or return a printed copy to your Region Director by **June 15, 2009**.

UNIT OR COUNCIL ID # ____ - ____ UNIT OR COUNCIL NAME _____
SCHOOL DISTRICT _____
NUMBER OF BUILDINGS RELATED TO THIS PTA: _____ [SEPTAS AND COUNCILS ONLY INSERT (1)]
DO YOU FILE A 990 FORM WITH THE IRS? YES ___ NO ___
FEDERAL EMPLOYER IDENTIFICATION NUMBER ___ - _____
NYS TAX EXEMPT NUMBER _____

Enter one name only. This person will receive ALL NYS PTA and NPTA correspondence

NAME OF PRESIDENT 2009-2010 _____
HOME ADDRESS _____
CITY _____ NEW YORK (ZIP CODE) _____
TEL (____) _____ E-MAIL _____

Insert the name and address of Treasurer

NAME OF TREASURER 2009-2010 _____
HOME ADDRESS _____
CITY _____ NEW YORK (ZIP CODE) _____
TEL (____) _____ E-MAIL _____

Insert the name and address of Co President or an alternate contact

NAME _____
CO PRESIDENT ____ SECRETARY ____ OTHER ____
HOME ADDRESS _____
CITY _____ NEW YORK (ZIP CODE) _____
TEL (____) _____ E-MAIL _____