

Suffolk Region

**PTA<sup>®</sup>**

*everychild. onevoice.*

**BOARD OF MANAGERS**  
**PERSONAL INTEREST PROFILE**

<b>Name:</b>
<b>Address:</b>
<b>Town:</b>
<b>Phone:</b>
<b>Email:</b>
<b>PTAs you are currently involved in:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>PTA experience (positions held, chairmanships, etc.):</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

(over)

Please indicate up to five (5) positions in which you might have interest, now or in the future. Rank them from one (1) to five (5) with one (1) being the position of greatest interest.

	Region Director		Juvenile Protection/Health/Safety
	Associate Director		Legislative Activity
	Recording Secretary		Membership
	Corresponding Secretary		Mailings
	Treasurer		Parenting/Parent Involvement
	Assistant Director		PARP
	Arts-In-Education		PTA Store
	Awards		Reflections
	Bylaws		Registrar
	Dimensions Editor		Special Education
	Education		Substance Abuse
	Environment		Youth Member
	Historian		

Please complete this and return it to me no later than May 1<sup>st</sup>. It can be mail, faxed or the information can be emailed to me. Please also feel free to contact any member of the Executive Committee.

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