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New Officers Form

for School Year August _____ to May _____

E-mail, FAX or mail to MS PTA. See contact info at bottom of page.

Unit Name: _____

Unit Address: _____

(JPS units MUST have PO Box)

City, State Zip: _____

Principal: _____ new principal at this school continuing principal

Phone: _____ E-mail: _____

School Address (if different from PTA's): _____

President: _____ (List co-presidents on next page.)

Last year served as: president (or co) VP treasurer membership sec'y none of above/other

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Vice President: _____

Last year served as: president (or co) VP treasurer membership sec'y none of above/other

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Treasurer: _____

Last year served as: president (or co) VP treasurer membership sec'y none of above/other

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Secretary: _____

Last year served as: president (or co) VP treasurer membership sec'y none of above/other

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Membership: _____

Last year served as: president (or co) VP treasurer membership sec'y none of above/other

Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

P. O. Box 1937, Jackson MS 39215-1937
120 North Congress Street, Suite 725, Jackson MS

Toll Free: 800.795.6123 • Jackson Metro Area: 601.352.7383 • FAX: 601.352.8600
Homepage: www.MissPTA.org • E-mail: office@MissPTA.org



Make as many copies of this page as needed to send information on all elected officers AND committee chairs (such as Healthy Lifestyles, Diversity, Parent & Family Engagement, Fundraising, Membership, Male Involvement, Legislative, etc.).

Unit Name: _____ Page _____ of _____

Reflections (art competition) Chair: _____

Last year served as: president (or co) VP treasurer membership sec'y none of above/other

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Officer's Name: _____ Position: _____

Last year served as: president (or co) VP treasurer membership sec'y none of above/other

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Officer's Name: _____ Position: _____

Last year served as: president (or co) VP treasurer membership sec'y none of above/other

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Officer's Name: _____ Position: _____

Last year served as: president (or co) VP treasurer membership sec'y none of above/other

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

Officer's Name: _____ Position: _____

Last year served as: president (or co) VP treasurer membership sec'y none of above/other

Home Address: _____ cell home work: _____

City, State Zip: _____ cell home work: _____

E-mail: _____ cell home work: _____

P. O. Box 1937, Jackson MS 39215-1937
120 North Congress Street, Suite 725, Jackson MS

Toll Free: 800.795.6123 • Jackson Metro Area: 601.352.7383 • FAX: 601.352.8600
Homepage: www.MissPTA.org • E-mail: office@MissPTA.org