

For office use only Date Rcvd. _____ Ent. into DB _____
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**OFFICERS and CHAIRPERSONS**

Please complete this form in its entirety especially if you have elected any new officers or chairpersons for the 2024-2025 school year. **However, if your officers or chairpersons are remaining the same for the 2024-2025 school year, the form still needs to be filled out since some of the pertinent information (i.e., address, telephone number, email address) may have changed. Emails are a must since this is our way of communicating with all of you.** As stated in your bylaws, forms must be returned no later than June 30<sup>th</sup>, **unless you have a fall election then October 31<sup>st</sup>.** You may respond via email to [membership@masspta.org](mailto:membership@masspta.org), mail your form to Massachusetts PTA Attn. Karen DeRoche Massachusetts Parent-Teacher Association PO Box 44, Rehoboth, MA 02769 , or you can enter your officers into memberhub. (If you do that, please send us an email confirming it was done)  
**Reminder Massachusetts PTA does not share any of this information with 3<sup>rd</sup> parties.**

**2024-2025**

PTA Name (As stated on your bylaws): \_\_\_\_\_

PTA National ID # (8-digit number): \_\_\_\_\_

**President**

Name:	_____	Phone:	_____
Address:	_____	E-mail:	_____
City:	_____		_____
Zip:	_____		_____

**Vice President**

Name:	_____	Phone:	_____
Address:	_____	E-mail:	_____
City:	_____		_____
Zip:	_____		_____

**Secretary**

Name:	_____	Phone:	_____
Address:	_____	E-mail:	_____
City:	_____		_____
Zip:	_____		_____

**Treasurer**

Name:	_____	Phone:	_____
Address:	_____	E-mail:	_____
City:	_____		_____
Zip:	_____		_____

**State Liaison (person other than president)**

Name:	_____	Phone:	_____
Address:	_____	E-mail:	_____
City:	_____		_____
Zip:	_____		_____

**Membership Chair**

Name:	_____	Phone:	_____
Address:	_____		_____

City: \_\_\_\_\_  
Zip: \_\_\_\_\_

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

**Social Media Coordinator**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
\_\_\_\_\_

**Health, Safety and Wellness Chair**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
\_\_\_\_\_

**Advocacy/Legislative Chair**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
\_\_\_\_\_

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**SCHOOL INFORMATION**

If your PTA Unit includes more than one school, please list all schools.

Type of School(s)

(Check all that apply):

- Pre-School     Elementary     Middle     Junior High     Senior High     Jr./Sr.  
High     Other \_\_\_\_\_

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School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Principal \_\_\_\_\_ Email \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Principal \_\_\_\_\_ Email \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Principal \_\_\_\_\_ Email \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Principal \_\_\_\_\_ Email \_\_\_\_\_