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MAINE CONGRESS of PARENTS and TEACHERS, Inc.
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To ensure National and Maine PTA mailings are sent to the correct person, please complete the form below and send to the state office after your elections and appointments to committees, or whenever changes occur. It is of critical importance that we have accurate information. Make copies of this form to have on hand if you expect to have changes during the year.

OFFICER & CHAIRPERSON LISTING

PTA NAME \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

President \_\_\_\_\_ V President \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Term Expires \_\_\_\_\_ Term Expires \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Term Expires \_\_\_\_\_ Term Expires \_\_\_\_\_

Committee Chair \_\_\_\_\_ Committee Chair \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Term Expires \_\_\_\_\_ Term Expires \_\_\_\_\_