

# PTA/PTSA Officers List

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Send completed form to St. Joseph PTA Council, PO Box 1162, 64502

This list will be used for St. Joseph PTA Council mailings.

Do not use school address for President mailing address.

Deadline March 31st

**School Name:** \_\_\_\_\_

**President's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

**1<sup>st</sup> Vice's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

**2<sup>nd</sup> Vice's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

**Secretary's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

**Treasurer's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

**Please continue to the back of this page for additional information needed.**

**School Name:** \_\_\_\_\_

**Membership Chair Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

**Reflections Chair Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

**Please feel free to add additional officer's names, positions, addresses,  
phone numbers and email addresses below.**

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_