

2015 - 2016 OFFICER/UNIT MAILING INFORMATION SHEET

(All Officers and Committee chairs **MUST** be members of **THIS** PTA unit)



Official Local Unit Name: _____

Date: _____ PTA/PTSA Council: _____ Region: _____

School Address: _____ City: _____ Zip: _____

Principal: _____ School Phone: _____

PTA Individual Membership Dues: \$ _____ PTA Meetings: _____

(example: 2nd Tuesday of month at 7:00 p.m.)

The following information is kept confidential by Colorado PTA and within your PTA Council/Region. Colorado PTA sends electronic communications. We **MUST HAVE** your email address in order to do this. Please be sure to have the latest version of Adobe Reader, www.Adobe.com/downloads. Complete and save with your unit's name, attach to an email and send to: office@copta.org Please send updates when necessary.

President: _____

Address: _____ City _____

Zip: _____ Phone: _____
(no symbols – numbers only)

E-Mail _____

Vice President: _____

Address: _____ City _____

Zip: _____ Phone: _____
(no symbols – numbers only)

E-Mail _____

Secretary: _____

Address: _____ City _____

Zip: _____ Phone: _____
(no symbols – numbers only)

E-Mail _____

Treasurer: _____

Address: _____ City _____

Zip: _____ Phone: _____
(no symbols – numbers only)

E-Mail _____

Membership Chair: _____

Address: _____ City _____

Zip: _____ Phone: _____
(no symbols – numbers only)

E-Mail _____

Advocacy Liaison: _____

Address: _____ City _____

Zip: _____ Phone: _____
(no symbols – numbers only)

E-Mail _____

Reflections Chair: _____
 Address: _____ City _____
 Zip: _____ Phone: _____
(no symbols – numbers only)
 E-Mail _____

Ways & Means (fundraising): _____
 Address: _____ City _____
 Zip: _____ Phone: _____
(no symbols – numbers only)
 E-Mail _____

School Accountability Comm: _____
 Address: _____ City _____
 Zip: _____ Phone: _____
(no symbols – numbers only)
 E-Mail _____

Health, Wellness & Safety: _____
 Address: _____ City _____
 Zip: _____ Phone: _____
(no symbols – numbers only)
 E-Mail _____

_____ : _____
 Address: _____ City _____
 Zip: _____ Phone: _____
(no symbols – numbers only)
 E-Mail _____

_____ : _____
 Address: _____ City _____
 Zip: _____ Phone: _____
(no symbols – numbers only)
 E-Mail _____

FINANCIAL INFORMATION:

Your accounts are kept at

Bank Name _____

Branch _____

Account Number: _____

Signers: _____

ALL signers on PTA/PTSA bank accounts MUST be members of this unit.

TWO SIGNATURES ARE REQUIRED ON ALL CHECKS OR ACCOUNT WITHDRAWALS!

Please list any additional officers/committee chairs in an email.

All financial Records must be kept for at least seven years. Minutes must be kept indefinitely.

Membership Reports and dues are required to be filed and postmarked by **November 1** and **February 1** (even if no new members after November 1). Reports may be submitted as often as needed.

Purchase general liability, bonding and director and officer liability insurance by **November 1**. Your unit may take advantage of Colorado PTA's group buying power and select its carrier, AIM (Association Insurance Management, Inc.). If selecting your own carrier, proof of insurance must be sent to the Colorado PTA office.

Please provide copies of the following annually: Financial Review/ Audit Committee Report, Secretary of State Registration-Charitable Solicitations (if necessary), and IRS form 990, 990-EZ, or 990-N (as required to file a tax return)