

2016 - 2017 OFFICER/UNIT MAILING INFORMATION SHEET

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.)

Colorado PTA sends electronic communications. We **MUST HAVE** your email address in order to do this. Please make office@copta.org a safe sender to ensure you will receive the reminders, alerts, and newsletters. Please be sure to have the latest version of Adobe Reader (free), www.Adobe.com/downloads. Save this form to your computer, reopen, enter the data applicable to your PTA, save with your unit's name, and attach to an email, and send to: office@copta.org Please send updates when you have additions or changes.

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

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

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

School Accountability Rep: _____
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 _____

Health, Wellness, & Safety Chair: _____
 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: _____

Account Name: _____

Signers: 1) _____

2) _____

3) _____

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

SIGNATURES ARE REQUIRED ON ALL CHECK OR ACCOUNT WITHDRAWAL

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

A minimum of two 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)