

## 2007-2008 Local Unit Officer Report

Please complete this form even if you are not changing officers for this upcoming year. This information will be used to ensure that information from National PTA and SCPTA is forwarded to the proper individual in a timely manner. To review the National PTA Privacy Act for data collection, please go the SCPTA website. **Make a copy of this form for your records.**

Local Unit Name \_\_\_\_\_ District \_\_\_\_\_ Council \_\_\_\_\_ National ID#000 \_\_\_\_\_  
See label on any mailing from National PTA or contact your District President

**The term for each officer is required and is used by National PTA and SCPTA to maintain an accurate database of who the current officers are at each local unit.** Should an officer change during the year, please submit a new form indicating the expiration date of the previous officer and the term of the new officer. SPECIFY TERMS USING JULY 1 AS THE START AND JUNE 30 AS THE END regardless of when the officers are elected. (i.e. July 1, 2006- June 30, 2008)

**Principal:** \_\_\_\_\_ School Phone \_\_\_\_\_

School Mailing Address: \_\_\_\_\_  
Street/Rte or PO Box City County Zip

**President:** \_\_\_\_\_ **Term Begin** \_\_\_\_\_ **Term End** \_\_\_\_\_

Address \_\_\_\_\_  
Street / PO Box City Zip

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Home / Work / Cell – Please circle Home/Work – Please circle

**Vice President:** \_\_\_\_\_ **Term Begin** \_\_\_\_\_ **Term End** \_\_\_\_\_

*If more than one, please copy this page*

Address \_\_\_\_\_  
Street / PO Box City Zip

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Home / Work / Cell – Please circle Home/Work – Please circle

**Treasurer:** \_\_\_\_\_ **Term Begin** \_\_\_\_\_ **Term End** \_\_\_\_\_

Address \_\_\_\_\_  
Street / PO Box City Zip

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Home / Work / Cell – Please circle Home/Work – Please circle

**Secretary:** \_\_\_\_\_ **Term Begin** \_\_\_\_\_ **Term End** \_\_\_\_\_

Address \_\_\_\_\_  
Street / PO Box City Zip

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Home / Work / Cell – Please circle Home/Work – Please circle

**Membership Chair:** \_\_\_\_\_ **Term Begin** \_\_\_\_\_ **Term End** \_\_\_\_\_

Address \_\_\_\_\_  
Street / PO Box City Zip

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Home / Work / Cell – Please circle Home/Work – Please circle

**Legislative Chair:** \_\_\_\_\_ **Term Begin** \_\_\_\_\_ **Term End** \_\_\_\_\_

Address \_\_\_\_\_  
Street / PO Box City Zip

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Home / Work / Cell – Please circle Home/Work – Please circle

**Mail this form to:** South Carolina PTA, 1826 Henderson Street, Columbia, SC 29201

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