

PLEASE COMPLETE & RETURN TO 10TH DISTRICT ASAP!  
FAVOR COMPLETE LA FORMA & ENVILO AL DISTRITO DECIMO ASAP!

ROSTER OF PTA / PTSA OFFICERS & CHAIRMEN 2020 – 2021

*Please send to:*  
Los Angeles Tenth District PTSA  
1605 W. Olympic Boulevard, Suite 405, Los Angeles, CA 90015  
or email to: [pta10thdistrict@gmail.com](mailto:pta10thdistrict@gmail.com)  
or fax to 213-745-6426

PLEASE COMPLETE AND RETURN THIS FORM IMMEDIATELY FOLLOWING YOUR ELECTIONS, even if some of your officers are serving a second term. The California State PTA will use this information to send you important summer mailers. 10<sup>th</sup> District PTSA will use this information to update our District Directory, to be printed in August. The VIEW, our district newsletter will be provided to every President.

**The following information is available in your bylaws:**

Name of Association:	_____		
Street Address:	_____		
City and Zip Code:	_____		
California PTA unit #:	_____	Nat'l PTA Unit #:	_____
Grades in School:	_____	Organization Date:	_____
Name of Council (if applicable):	_____		
Election meeting held (Article V, Section 7):	_____		
Officers assume duties on (Article V, Section 8):	July 1, 2020		
Fiscal year ends on (Article XIV, Section 1):	June 30, 2021		

**PLEASE PROVIDE HOME ADDRESSES TO EXPEDITE  
RECEIPT OF DATE SENSITIVE MATERIALS.**

**REQUIRED OFFICERS PER ARTICLE V SECTION 2**  
**EVERY PTA/PTSA MUST HAVE A PRESIDENT, SECRETARY & TREASURER**  
*(Please indicate vacant if position to be filled at later date OR N/A if Not Applicable)*

<b>President</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Community <input type="checkbox"/> Staff		
Street Address:	_____		
City and Zip Code:	_____		
Home Phone	(   ) _____	Mobile Phone	(   ) _____
E-mail address:	_____		

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<b>Executive Vice President</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Community <input type="checkbox"/> Staff	
Street Address: _____		
City and Zip Code: _____		
Home Phone	(    )	Mobile Phone (    )
E-mail address: _____		
<b>Treasurer</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Community <input type="checkbox"/> Staff	
Street Address: _____		
City and Zip Code: _____		
Home Phone	(    )	Mobile Phone (    )
E-mail address: _____		
<b>Secretary</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Community <input type="checkbox"/> Staff	
Street Address: _____		
City and Zip Code: _____		
Home Phone	(    )	Mobile Phone (    )
E-mail address: _____		
<b>Historian</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Community <input type="checkbox"/> Staff	
Street Address: _____		
City and Zip Code: _____		
Home Phone	(    )	Mobile Phone (    )
E-mail address: _____		
<b>Auditor</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Community <input type="checkbox"/> Staff	
Street Address: _____		
City and Zip Code: _____		
Home Phone	(    )	Mobile Phone (    )
E-mail address: _____		
<b>Parliamentarian</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Community <input type="checkbox"/> Staff	
Street Address: _____		
City and Zip Code: _____		
Home Phone	(    )	Mobile Phone (    )
E-mail address: _____		

**Other Contacts**

<b>Principal</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Community <input type="checkbox"/> Staff	
Street Address: _____		
City and Zip Code: _____		
Home Phone	(    )	Work Phone (    )
Mobile Phone:	(    )	E-mail address _____

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<b>Reflections Chair</b>	<input type="checkbox"/> Parent	<input type="checkbox"/> Community	<input type="checkbox"/> Staff
Street Address:	_____		
City and Zip Code:	_____		
Home Phone	(    )	Mobile Phone	(    )
E-mail address:	_____		

	<input type="checkbox"/> Parent	<input type="checkbox"/> Community	<input type="checkbox"/> Staff
Street Address:	_____		
City and Zip Code:	_____		
Home Phone	(    )	Mobile Phone	(    )
E-mail address:	_____		

	<input type="checkbox"/> Parent	<input type="checkbox"/> Community	<input type="checkbox"/> Staff
Street Address:	_____		
City and Zip Code:	_____		
Home Phone	(    )	Mobile Phone	(    )
E-mail address:	_____		

	<input type="checkbox"/> Parent	<input type="checkbox"/> Community	<input type="checkbox"/> Staff
Street Address:	_____		
City and Zip Code:	_____		
Home Phone	(    )	Mobile Phone	(    )
E-mail address:	_____		

	<input type="checkbox"/> Parent	<input type="checkbox"/> Community	<input type="checkbox"/> Staff
Street Address:	_____		
City and Zip Code:	_____		
Home Phone	(    )	Mobile Phone	(    )
E-mail address:	_____		

	<input type="checkbox"/> Parent	<input type="checkbox"/> Community	<input type="checkbox"/> Staff
Street Address:	_____		
City and Zip Code:	_____		
Home Phone	(    )	Mobile Phone	(    )
E-mail address:	_____		

	<input type="checkbox"/> Parent	<input type="checkbox"/> Community	<input type="checkbox"/> Staff
Street Address:	_____		
City and Zip Code:	_____		
Home Phone	(    )	Mobile Phone	(    )
E-mail address:	_____		