

BOARD-ELECT CONTACT SHEET

Instructions: After the association has voted in the annual election, please fill out the following information about the board-elect. If the position is not filled, please write *OPEN*. If the position doesn't apply at your unit, write *N/A*.

When completed, please:

- give one copy to the current (outgoing) unit president,
- give one copy to the incoming unit president- elect (if different),
- give one copy to your school principal, and
- forward one copy to president@burbankcouncilpta.org

UNIT: _____

PTA Board-elect for _____ **school year**

President

Name: _____
Address: _____

Email: _____
Phone: _____

3rd VP of _____
Name: _____
Address: _____

Email: _____
Phone: _____

Executive Vice President

Name: _____
Address: _____

Email: _____
Phone: _____

4th VP of _____
Name: _____
Address: _____

Email: _____
Phone: _____

1st VP of _____

Name: _____
Address: _____

Email: _____
Phone: _____

5th VP of _____
Name: _____
Address: _____

Email: _____
Phone: _____

2nd VP of _____

Name: _____
Address: _____

Email: _____
Phone: _____

Treasurer

Name: _____
Address: _____

Email: _____
Phone: _____

Corresponding Secretary (*appointed*)

Name: _____
Address: _____

Email: _____
Phone: _____

Financial Secretary

Name: _____
Address: _____

Email: _____
Phone: _____

Parliamentarian (*appointed*)

Name: _____
Address: _____

Email: _____
Phone: _____

Auditor

Name: _____
Address: _____

Email: _____
Phone: _____

Membership Chair (*appointed*)

Name: _____
Address: _____

Email: _____
Phone: _____

Recording Secretary

Name: _____
Address: _____

Email: _____
Phone: _____

Reflections Chair (*appointed*)

Name: _____
Address: _____

Email: _____
Phone: _____

Historian

Name: _____
Address: _____

Email: _____
Phone: _____

School Principal :

Name: _____
Address: _____

Email: _____
Phone: _____