**Local Unit Contact Information 2013-2014**

**Please complete this form and return as soon as possible. If you have already submitted, mahalo and disregard this form. If you are unsure, please contact 808-943-2042 to confirm.**

One of our goals is to work closely with the local unit board members and we hope this will allow us to do that. By releasing your contact information, we can distribute important or time sensitive information/materials to you. Rest assured the information you provide will be held in strict confidence and used only for PTSA/PTA business.

*Please print:*

Local Unit Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address (include city and zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National PTA ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_ Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Position | Print Name | E-mail Address | Phone Number(Cellular preferred) |
| President |  |  |  |
| Vice President |  |  |  |
| Secretary |  |  |  |
| Treasurer |  |  |  |
| Membership Chair |  |  |  |
| Legislative Chair |  |  |  |
| Fundraising Chair |  |  |  |
| Programs Chair |  |  |  |
| Principal |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

\*\*Use separate page for additional positions if needed.

**Please mail this report immediately to:**

**Hawaii State PTSA, 765 Amana Street, Suite 308, Honolulu, HI 96814**

**or fax to: 808-945-2042**