



**Please complete this form and return as soon as possible. Or complete the form online at:  
<http://www.hawaiistateptsa.org/online-local-contact-form.html>**

## Local Unit Contact Information 2016-2017

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): \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

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

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

**Please mail this report immediately to:  
 Hawaii State PTSA, PO Box 459, Pearl City, HI 96782.**