 **Local Unit Contact Information 2023-2024**

**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**

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 note, this information is only to be used by the Hawaii State PTSA and National PTA. Your privacy is our priority. We do not share personal information with third parties.*

*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 |  |  |  |
| 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 or scan/email to** **histateptsa@gmail.com****.**