

Local/Council PTA/PTSA Form for Recommending Nominees for Officers, Directors, Commissioners, and Representatives for PTA/PTSA.

Please submit to the Nominating Committee Chair

Job descriptions are available in the President Handbook.

Name of Suggested Nominee _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Daytime Phone _____

This person would like to be nominated for the office or positions of director, commissioner, or representative

_____ of the _____ PTA/PTSA
(position) (name of the PTA/PTSA)

Current PTA/PTSA Position _____

PTA/PTSA Experience:

Does this person meet the criteria in Article VI, Section 4 (local bylaws)? _____

Would this person accept another position other than the one for which recommended? _____

Leadership experience: _____

Qualifications for this position:

Current PTA/PTSA Member

Must include a current biography and picture with the application

Consent from nominee has been obtained: _____

Signature of person submitting this recommendation

Phone