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