
PTA/PTSA PTA/PTSA Board Nominees Report

President: _____

President-elect: _____

Treasurer: _____

Secretary: _____

Legislative VP: _____

Membership VP: _____

These nominees' names will be posted for 30 days, starting (give dates). The election will take place on _____ at _____ in the _____ School. If anyone would like to run for
(date) (time) (location)

any of the elected positions, they will need to submit their name to this _____ PTA/PTSA secretary
(school)

_____ by _____, _____.
(give name and email) (date) (time)

If you have any questions, please contact (name of nominating committee chair).

The _____ School PTSA Nominating Committee are (names of nominating committee members)
(name of school)

*This page is an example of how the nominating committee will report the nominees for elected positions.
You can make changes to fit your PTA/PTSA as needed.*