

2022-2023 Unit/Council Roster

Council Units: Submit one copy to your **Council President**.

Out-of-council Units: submit one copy to Fifth District PTA, 2nd Vice-President of Leadership, 2vp@FifthDistrictPTA.org.

Officer contact information, including **home address, phone number and email address**, is due to Fifth District PTA **by May 1st**.

IRS regulations require all 501(c) 3 organizations to have a president, secretary and treasurer. These officers are also necessary to have a fully effective and functioning association in good standing with the California State PTA.

Update PTAEZ.org by May 1st

Need assistance with PTAEZ.org? Email webmaster@FifthDistrictPTA.org

RESPONSIBILITY

It is the **current President's** responsibility to ensure this is completed prior to May 1st.

TERM LIMITS

Yes, it's true. PTA has term limits! No officer shall be eligible to serve in the same office for more than two consecutive years or hold more than one elected or appointed office.

According to Robert's Rules of Order, the phrase, "or until their successor has been elected" is necessary to allow for the duties of a position to be handled in the event an election has not been held. It does not extend the length of the term nor does it allow for a person to continue holding a position into the next term.

Vacancy in position: The bylaws delegate the authority to fill a vacant position to the executive board. If a position was not filled at the election, the current individual does not continue to serve in the position into the next term because the board-elect is obligated to fill the vacant position.

CO-OFFICERS

The California State PTA does not recognize co-officers. Co-officer implies two people of equal rank sharing one position. In PTA, only one name may be listed for each office, and only one individual may vote.

SIGNERS ON THE PTA CHECKING ACCOUNT

At least three elected officers, two of whom must be the president and the treasurer, shall be approved to sign checks and have their signatures on file at the bank. The authorized check signers must not be related by blood or marriage or reside in the same household.

—————→ REFER TO THE UNIT PTA BYLAWS FOR AUTHORIZED SIGNERS

2022-2023 Unit/Council Roster

---- MANDATORY ---- PTA Unit Name is As Stated in The Unit Bylaws! Include ALL Officers and Their Information!		Circle Check Signer PRINT CLEARLY
PTA Unit Name:		State PTA ID:
PTA Council Name:		←(No Council? write Out-Of-Council)

Position:		NOTE: If VP, indicate VP of ...			
Name:			Email:		
Check Signer?	Yes	No	Home Phone: ()		Cell Phone: ()
Street:		City:		State: CA	Zip:

Position:		NOTE: If VP, indicate VP of ...			
Name:			Email:		
Check Signer?	Yes	No	Home Phone: ()		Cell Phone: ()
Street:		City:		State: CA	Zip:

Position:		NOTE: If VP, indicate VP of ...			
Name:			Email:		
Check Signer?	Yes	No	Home Phone: ()		Cell Phone: ()
Street:		City:		State: CA	Zip:

2022-2023 Unit/Council Roster

PTA Unit Name:	State PTA ID:
-----------------------	----------------------

Position:				NOTE: If VP, indicate VP of ...			
Name:			Email:				
Check Signer?	Yes	No	Home Phone: () 			Cell Phone: () 	
Street:			City:			State: CA	Zip:

Position:				NOTE: If VP, indicate VP of ...			
Name:			Email:				
Check Signer?	Yes	No	Home Phone: () 			Cell Phone: () 	
Street:			City:			State: CA	Zip:

Position:				NOTE: If VP, indicate VP of ...			
Name:			Email:				
Check Signer?	Yes	No	Home Phone: () 			Cell Phone: () 	
Street:			City:			State: CA	Zip:

Position:				NOTE: If VP, indicate VP of ...			
Name:			Email:				
Check Signer?	Yes	No	Home Phone: () 			Cell Phone: () 	
Street:			City:			State: CA	Zip:

2022-2023 Unit/Council Roster

PTA Unit Name:	State PTA ID:
-----------------------	----------------------

Position:				NOTE: If VP, indicate VP of ...			
Name:			Email:				
Check Signer?	Yes	No	Home Phone: () 			Cell Phone: () 	
Street:			City:			State: CA	Zip:

Position:				NOTE: If VP, indicate VP of ...			
Name:			Email:				
Check Signer?	Yes	No	Home Phone: () 			Cell Phone: () 	
Street:			City:			State: CA	Zip:

Position:				NOTE: If VP, indicate VP of ...			
Name:			Email:				
Check Signer?	Yes	No	Home Phone: () 			Cell Phone: () 	
Street:			City:			State: CA	Zip:

Position:				NOTE: If VP, indicate VP of ...			
Name:			Email:				
Check Signer?	Yes	No	Home Phone: () 			Cell Phone: () 	
Street:			City:			State: CA	Zip:

2022-2023 Unit/Council Roster

PTA Unit Name:	State PTA ID:
-----------------------	----------------------

Position:				NOTE: If VP, indicate VP of ...			
Name:				Email:			
Check Signer?	Yes	No	Home Phone: ()			Cell Phone: ()	
Street:			City:			State: CA	Zip:

Position:				NOTE: If VP, indicate VP of ...			
Name:				Email:			
Check Signer?	Yes	No	Home Phone: ()			Cell Phone: ()	
Street:			City:			State: CA	Zip:

Position:				NOTE: If VP, indicate VP of ...			
Name:				Email:			
Check Signer?	Yes	No	Home Phone: ()			Cell Phone: ()	
Street:			City:			State: CA	Zip:

Position:				NOTE: If VP, indicate VP of ...			
Name:				Email:			
Check Signer?	Yes	No	Home Phone: ()			Cell Phone: ()	
Street:			City:			State: CA	Zip: