

PTA/PTSA LEADERSHIP NOMINATING FORM



Area III Gwinnett Council PTAs

I wish to have the Nominating Committee consider the following person for the office of:

- President and/or Co-President
- Vice-President _____
- Vice-President _____
- Vice-President _____
- Vice-President _____
- Vice-President _____
- Vice-President _____
- Secretary
- Treasurer

Name: _____

Address: _____

Telephone: (H) _____ (W) _____

Fax: _____ Email: _____

Describe this person's qualifications for office and fitness to serve. Please attach any other information about this candidate (limit to one page) that may be helpful in assisting the Nominating Committee.

Submitted by: _____

Mail To: Area III Gwinnett Council of PTAs
930 New Hope Road, Ste 11-524
Lawrenceville GA 30045

DEADLINE for submitting this form: **March 1**