



2010 – 2011 ANNUAL COUNCIL REGISTRATION FORM

PTA District Number _____

Full Name of PTA/PTSA _____

All local units will receive the local unit packet information on CD.

If you would like a hard copy instead please contact the state office.

The Internal Revenue Service requires all not-for-profit organizations with GROSS RECEIPTS in excess of \$25,000.00 to file form 990EZ no later than three months after its fiscal year end. All not-for-profit organizations with gross receipts less than \$25,000.00 must file an electronic postcard no later than three months after its fiscal year end.

Do the GROSS RECEIPTS (income before expenses) of your PTA exceed \$25,000.00 annually? ___ Yes ___ No

PLEASE LIST THE NAMES OF THE LOCAL UNITS IN YOUR COUNCIL MEMBERSHIP BELOW

- 1. _____ 14. _____
2. _____ 15. _____
3. _____ 16. _____
4. _____ 17. _____
5. _____ 18. _____
6. _____ 19. _____
7. _____ 20. _____
8. _____ 21. _____
9. _____ 22. _____
10. _____ 23. _____
11. _____ 24. _____
12. _____ 25. _____
13. _____ 26. _____

Return by May 15, 2010 to:

Illinois PTA * P O Box 907 * Springfield, IL 62705 * Fax 217.528.9490

You may also call the state office at 800.877.9617 to request an electronic version of this form

COUNCIL NAME _____ **PTA DISTRICT** _____

PTA President's Name _____

Address _____ City _____ Zip _____

Day Phone _____ Evening Phone _____ E-mail _____

PTA Vice President's Name _____

Address _____ City _____ Zip _____

Day Phone _____ Evening Phone _____ E-mail _____

PTA Treasurer's Name _____

Address _____ City _____ Zip _____

Day Phone _____ Evening Phone _____ E-mail _____

PTA Secretary's Name _____

Address _____ City _____ Zip _____

Day Phone _____ Evening Phone _____ E-mail _____

PTA Membership Chairman's Name _____

Address _____ City _____ Zip _____

Day Phone _____ Evening Phone _____ E-mail _____

PTA Legislation Chairman's Name _____

Address _____ City _____ Zip _____

Day Phone _____ Evening Phone _____ E-mail _____

PTA Cultural Arts Chairman's Name _____

Address _____ City _____ Zip _____

Day Phone _____ Evening Phone _____ E-mail _____

PTA Newsletter Chairman's Name _____

Address _____ City _____ Zip _____

Day Phone _____ Evening Phone _____ E-mail _____

Other Officers/Chairmen: