2014 – 2015 ANNUAL LOCAL UNIT REGISTRATION FORM

PTA District Number __________  PTA Region______________________________

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.

School Information:

Name __________________________________________________________

Address _________________________________________________________________________________________

(City) __________________________________________ (Zip Code) ____________________ (Phone) ____________ (County) ____________

Principal’s Name _____________________________________________________________

Type: Elementary _____  Junior High/Middle _____  High School _____  Other ____  Total School Enrollment___________

The Internal Revenue Service REQUIRES all not-for-profit organizations with GROSS RECEIPTS in excess of $50,000.00 to file form 990EZ no later than three months after its fiscal year end. All not-for-profit organizations with gross receipts less than $50,000.00 must file an electronic postcard no later than five months after its fiscal year end.

Do the GROSS RECEIPTS (income before expenses) of your PTA exceed $50,000.00 annually?  ____ Yes  ___ No

Step one to remaining a Unit in Good Standing is to complete this form front and back.
Return by May 15, 2014 to:

Illinois PTA
P O Box 907
Springfield, IL 62705 or fax to 217.528.9490

Please visit our website www.illinoispta.org obtain an electronic version of this form
LOCAL UNIT NAME ___________________________________________ PTA DISTRICT ______

PLEASE FILL IN AS MUCH INFORMATION AS POSSIBLE
You will not receive a Local Unit Packet or Membership Cards if updated officer information is not reported
Updated forms may be submitted as positions are filled

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: