NOMINATION FORM PTA COUNCIL OF BALTIMORE COUNTY, INC.

ALL NOMINEES MUST COMPLETE THIS FORM. PLEASE TYPE OR PRINT. DUE 3/7/24

OFFICE APPLYING FOR (circle one): President, First Vice President, VP for Leadership, Secretary, Treasurer, Area Vice President – Central, Northeast, Northwest, Southeast, Southwest

Nominee: Full Name:			
Home Address:			
	(City)	(State)	(Zip Code)
Phone Number:	E-mail Address		
Please list all current l	ocal PTA(s) you are a	member of:	
Nominated by the follo	0 ,	MEMBER:	
Name:			
LOCAL PTA/PTSA P	RESIDENT:		
Name and School:			
connection with my effort accurate; and I understa	position for which I am information provided in ort to run for a PTA Cound that any false or mislatribute campaign materials.	n nominated for the 202 n the campaign material ancil of Baltimore Coun leading information or s	
		(Signature)	

SCAN AND EMAIL THIS FORM NO LATER THAN MARCH 7, 2024 TO:

Nominating Committee Chair, Beth Jarrett, legislation@bcptacouncil.org

Candidates for offices may be interviewed at the discretion of the nominating committee.

PTA EXPERIENCE (if any):
Current PTA Position (if applicable): Local Unit Name:
List prior PTA positions you have held (if any), including Local Unit Name, Position, Years of Service
PTA TRAINING (if any): List training you have attended and the location(s) and date(s) of the training (such as PTA Council June Leadership/workshops, Free State PTA Convention/training, National PTA E-Learning, etc.):
WORK OR VOLUNTEERING EXPERIENCES (if any): Current Employer and position:
Prior Work or Volunteering Experience (if any):
Please answer the following question: What do you hope to accomplish in and gain from the position for which you are seeking nomination?