**C.D. Fulkes PTA Nomination Form**

Dear PTA Members:

The C.D. Fulkes PTA is looking for parents who are committed to the PTA mission “to make every child’s potential a reality by engaging and empowering families and communities to advocate for all children.”

The PTA is seeking nominations for the next school year’s officers. The responsibilities of the officers are summarized on the Texas PTA website at: <http://www.txpta.org/local-pta-leaders>

If you have the motivation and desire to serve as a C.D. Fulkes P.T.A. officer, or have someone in mind that you would like to recommend, **please** complete the form below and place in a sealed envelope marked “C.D. Fulkes PTA Nominating Committee” and return to the office or to your child’s classroom by **March 29.**

**The election will be held at the April PTA meeting (TBD)**. Officers shall assume duties on July 1.

Along with your name and contact information, please indicate the name of the person you are nominating (**you can nominate yourself**) and their contact information. *We have to verify that they want to participate in the PTA*.

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| **Your Name:** | | |
| E-mail: | | |
| Address: | | |
| City: | Zip: | Best Phone Number: |

**I nominate:**

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| **\*President\*** | |
| Nominee Name: | |
| Email: | |
| Cell Phone: | Other Phone: |

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| --- | --- |
| **\*Treasurer\*** | |
| Nominee Name: | |
| Email: | |
| Cell Phone: | Other Phone: |

|  |  |
| --- | --- |
| **\*Secretary\*** | |
| Nominee Name: | |
| Email: | |
| Cell Phone: | Other Phone: |

(Over)

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| **\*Membership\*** | |
| Nominee Name: | |
| Email: | |
| Cell Phone: | Other Phone: |

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| **\*Parliamentarian\*** | |
| Nominee Name: | |
| Email: | |
| Cell Phone: | Other Phone: |

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| **Arts In Education (Reflections)** | |
| Nominee Name: | |
| Email: | |
| Cell Phone: | Other Phone: |

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| **Programs** | |
| Nominee Name: | |
| Email: | |
| Cell Phone: | Other Phone: |

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| **Fundraising** | |
| Nominee Name: | |
| Email: | |
| Cell Phone: | Other Phone: |

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| **Communications (Facebook, PTA website, General membership comm.)** | |
| Nominee Name: | |
| Email: | |
| Cell Phone: | Other Phone: |

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| **Volunteer Coordinator** | |
| Nominee Name: | |
| Email: | |
| Cell Phone: | Other Phone: |

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| **Legislative/Advocacy** | |
| Nominee Name: | |
| Email: | |
| Cell Phone: | Other Phone: |

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| **Healthy Lifestyles** | |
| Nominee Name: | |
| Email: | |
| Cell Phone: | Other Phone: |