

**Delegates to \_\_\_\_\_ PTA 2010-2011**

The \_\_\_\_\_ Council PTA Bylaws define Council

Membership as follows:

**Article XIV: Council Membership**

Section 1. This council PTA shall be represented in meetings by the president of each member local PTA/PTSA or their alternate; the principal, or their alternate; and by two (2) delegates, or their alternates.

- a. Delegates to the council PTA must be members of a local PTA/PTSA within the area of the council.
- b. Delegates and their alternates shall be appointed by the executive committee of their local PTA/PTSA.
- c. Delegates to the Council PTA shall serve for a term of one (1) year.

**Article XV: Voting Body**

Section 1. The voting body of the council shall consist of the Board of Directors, the president of each member local PTA/PTSA or their alternate; two (2) delegates or their alternates; the superintendent of schools or their alternate; and the principal of schools having units in the council membership or their alternate.

Section 2. Individuals are entitled to one vote, even though they maybe serving in more than one position or are members of more than one PTA/PTSA.

Each of the four (4) delegates, as defined above, will receive an \_\_\_\_\_ PTA Handbook with the delegate voting card printed on the back. Delegates (or their alternates) should have their handbooks with them at all council general meetings, in order to vote.

**Delegate Information for Council** – Please send the following information to the \_\_\_\_\_ PTA Secretary, \_\_\_\_\_, no later than **August 31, 2010**–email to \_\_\_\_\_.

PTA/PTSA \_\_\_\_\_

Delegate 1 \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_ Position: PTA/PTSA President

Delegate 2 \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_ Position: Principal

Delegate 3 \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_ Position\*: \_\_\_\_\_

Delegate 4 \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_ Position\*: \_\_\_\_\_

Alternate 1 \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_ Position\*: \_\_\_\_\_

Alternate 2 \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_ Position\*: \_\_\_\_\_

*\*Indicate PTA Co-President, other officer position, committee chair, parent at large or school administrative position, etc. for Delegates 3 & 4. We also MUST have two alternates listed!*

**KEEP A COPY FOR YOUR PTA/PTSA FILES!!!**