

PTA/PTSA LEADERSHIP NOMINATING FORM



Cherokee County Council PTA

I wish to have the Nominating Committee consider the following person for the office of:

- President and/or Co-President
- Vice-President _____
- Vice-President _____
- Secretary
- Treasurer

Name: _____

Address: _____

Telephone: (H) _____ (W) _____

Fax: _____ Email: _____

Describe this person's qualifications for office and fitness to serve. Please attach any other information about this candidate (limit to one page) that may be helpful in assisting the Nominating Committee.

Submitted by: _____

Contact Information

Nominating Committee Chair: Amanda Weber Email: atweber@bellsouth.net

DEADLINE for submitting this form: **February 13th, 2017 at 5:00pm**