



## LETTER OF INTEREST & NOMINATION FORM FOR THE ILLINOIS PTA STATE BOARD OF DIRECTORS

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**Mail, Fax or Email to:**

Illinois PTA

P.O. Box 907

Springfield, IL 62705-0907

Fax: (217) 528-9490

Email: [bdncchairman@illinoispta.org](mailto:bdncchairman@illinoispta.org)

Submitted by: \_\_\_\_\_

Nominee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best Time to Contact and Preferred Method: \_\_\_\_\_

**The person recommended wishes to be considered for appointment to the following position(s) on the Illinois PTA State Board of Directors.**

*You may check multiple positions. Please specify your preference among them in the one page statement.*

**Elected Voting Board Members:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Board President Elect    | <input type="checkbox"/> Board Vice President Field Services | <input type="checkbox"/> Board Vice President Program Services |
| <input type="checkbox"/> Board Treasurer          | <input type="checkbox"/> Board Secretary                     | <input type="checkbox"/> East Central Region Director          |
| <input type="checkbox"/> Northern Region Director | <input type="checkbox"/> South Suburban Region Director      | <input type="checkbox"/> West Central Region Director          |

**Non-Voting Board Members:**

- |   |  |
|---|--|
| <input type="checkbox"/> Board Development and Nominating Committee (BOD) | <input type="checkbox"/> Board Development and Nominating Committee (GM) |
| <input type="checkbox"/> Cultural Arts Program Director                   | <input type="checkbox"/> Education Issues Program Director               |
| <input type="checkbox"/> Environmental Concerns Program Director          | <input type="checkbox"/> Family & Community Engagement Director          |
| <input type="checkbox"/> Health Program Director                          | <input type="checkbox"/> Juvenile Protection & Safety Program Director   |
| <input type="checkbox"/> Resolutions Program Director                     | <input type="checkbox"/> Scholarship Program Director                    |



## SIGNATURE OF AGREEMENT & SUBMISSION FORM

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Illinois PTA

P.O. Box 907

Springfield, IL 62705-0907

Fax: (217) 528-9490

Email: [bdncchairman@illinoispta.org](mailto:bdncchairman@illinoispta.org)

Name of Nominee: \_\_\_\_\_

### Signature of Agreement

Your signature acknowledges you have reviewed and agree with the PTA Mission, the Illinois PTA Objects and the Illinois PTA Ethical Conduct Agreement, are currently a PTA member, and agree to serve in the position(s) indicated by you on the Illinois PTA State Board of Directors, including attendance at board meetings.

I am a member of (Local Unit): \_\_\_\_\_

PTA/PTSA City: \_\_\_\_\_

Signature of nominee: \_\_\_\_\_

Signature of nominator (if applicable): \_\_\_\_\_

### Submission Checklist Required Documents:

A brief statement sharing the reasons why the nominee wishes to be considered for the position(s) as well as the skills and expertise the nominee will bring to the board.

Note: If you are a current Illinois PTA Board member and are being nominated to continue in the same position, in your brief statement (in lieu of the preceding) please share why you would like to continue in the position as well as your plans and ideas for the next two years.

Resume listing PTA, work and leadership experience

Signed Signature of Agreement & Submission Form

Completed Letter of Interest/Nomination Form

### Optional Document (check if enclosed):

A brief statement of recommendation or reference.

Please sign and submit the above materials to:

**Illinois PTA, P.O. Box 907, Springfield, IL 62705.**

Materials may also be submitted via e-mail to [bdncchairman@illinoispta.org](mailto:bdncchairman@illinoispta.org) or by fax to **(217) 528-9490**.