



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

Mail, Fax or Email to:
Illinois PTA
P.O. Box 907
Springfield, IL 62705-0907
Fax: 217-523-2816
Email: bdncchairman@illinoispta.org and kkramer@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 individual recommended wishes to be considered for the following position considered on the Illinois PTA State Board of Directors for the remainder of the 2019-2021 term.

Voting Board Member elected by State Board of Directors

Vice President of Field Operations

(more on page 2)



SIGNATURE OF AGREEMENT & SUBMISSION FORM

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Illinois PTA

P.O. Box 907

Springfield, IL 62705-0907

Fax: 217-523-2816

Email: bdncchairman@illinoispta.org and kkramer@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 to the attention of:

Illinois PTA, Kristin Kramer, President,
P.O. Box 907
Springfield, IL 62705

Material may be submitted via email to kkramer@illinoispta.org and bdncchairman@illinoispta.org or by fax to 217-523-2816. Acknowledgment of Letters of Interest and Advisory Recommendation Forms will be sent via email.