

LETTER OF INTEREST & NOMINATION FORM FOR THE ILLINOIS PTA VACANT POSITION

Mail, Fax or Email to: Illinois PTA P.O. Box 907 Springfield, IL 62705-0907 Fax: (217) 528-9490 Email: info@illinoispta.org			
Submitted by:			
Nominee's Name:			
Address:			
City:	State:	Zip Code:	
Telephone: Day	Evening:	Cell:	
Email Address:			
	etters of Interest for all Vacant	State Board of Directors Positions li	
The nominee wishes to be cons	idered for appointment to the	following position(s):	



Advisory Recommendation Forms via email.

SIGNATURE OF AGREEMENT & SUBMISSION FORM

Mail to: Illinois PTA P.O. Box 907
Springfield, IL 62705-0907
Fax: (217) 528-9490
Email: info@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:
\Box 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):
\square A brief statement of recommendation or reference.
Illinois PTA Board Development and Nominating Committee will acknowledge receipt of all Letters of Interest and