



Important Notice**
MCCPTA Blue Book Information Needed

The Blue Book is the MCCPTA Directory of local PT(S)As. It is distributed to dues paying local units, Maryland PTA, MCPS, and community organizations and government offices. The directory and the information in it may not be used for solicitations, advertising, mass mailings, or any other purposes unrelated to the mission, objects and policies of the PTA or by any organization other than the PTA.

Please fill this form out in its entirety and mail, fax, or email to the MCCPTA office WITHIN TWO WEEKS OF YOUR PTA/PTSA ELECTION BUT NO LATER THAN THE END OF JUNE. Emails and phone numbers are required to enable MCCPTA to communicate directly with your unit. Changes or additional information may be submitted to the office at any time.

12900 Middlebrook Road, 3rd Floor, Germantown, MD 20874
Phone: 301-208-0111; Fax: 301-208-2003
email: office@mccpta.com website: www.mccpta.org

The following information will appear in the 2016-17 MCCPTA Directory:

PTA _____ Cluster _____

School Name _____ Principal _____

PTA President (for the upcoming 2016-17 school year):

Name Email Preferred Phone #

Street Address City Zip

President-Elect (if your PTA/PTSA has this officer):

Name Email Preferred Phone #

Street Address City Zip

MCCPTA Delegate(s) (Other than the President):

1. _____
Name Email Preferred Phone #

Street Address City Zip

2. _____
Name Email Preferred Phone #

Street Address City Zip

Designated MCCPTA Delegate Alternate (Please do not use President as Alternate):

Name Email Preferred Phone #

Street Address City Zip

Treasurer:

Name Email Preferred Phone #

Street Address City Zip

The information below *will not appear* in the Blue Book but is collected so that we can communicate directly with other PTA Board members.

Vice President(s): (If you have more than 2 vice-presidents, include additional information on additional sheet)

1. _____
Name Email Preferred Phone #

Street Address City Zip

2. _____
Name Email Preferred Phone #

Street Address City Zip

Secretary:

Name Email Preferred Phone #

Street Address City Zip

Membership Chair:

Name Email Preferred Phone #

Street Address City Zip