**Annual BCPTA Chapter Fillable Registration Form**

Email this form at the beginning of EACH school year to receive the chapter grant.

When saving your form to your computer please title it with the chapter’s name, followed by 2023-2024 Registration. **Example: Mission Chapter 2023-2024 Registration**

Chapter Coordinator: Cindy Gleb Email Address: cindy.gleb@sd5.bc.ca

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| --- | --- | --- |
| District Name | Click or tap here to enter text. | |
| Name of Local Primary Association | Click or tap here to enter text. | |
| President/Contact Person | Click or tap here to enter text. | |
| Date of Election for the Term/Year 2023-2024 | Click or tap here to enter text. | |
| **President/Contact Person Details:** | | |
| Name | Click or tap here to enter text. | |
| Position | Click or tap here to enter text. | |
| Location | Click or tap here to enter text. | |
| Mailing Address | Click or tap here to enter text. | |
| Phone Number | Home:Click or tap here to enter text. | School:Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. | |
| **Vice President/Secretary/Treasurer *or* Second Contact Details** | | |
| Name | Click or tap here to enter text. | |
| Position | Click or tap here to enter text. | |
| Location | Click or tap here to enter text. | |
| Mailing Address | Click or tap here to enter text. | |
| Phone Number | Home:Click or tap here to enter text. | School:Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. | |