

**Eligibility Verification Form
for PTACHC Board of Director Nominees**

Name: _____

Contact information:

Phone number: _____

Email address: _____

Name of PTA/PTSA where you are a current member:

Current Position on PTA/PTSA:

Past positions on PTA/PTSA: (please list year(s) served)

This information is being requested for the internal use of PTA Council of Howard County Nominating Committee only.
It will not be used for advertising, solicitations, or any other commercial purpose whatsoever.