

PTACHC OFFICER CONSENT FORM

I have reviewed [Article VII: Duties of Officers of the PTA Council of Howard County Bylaws](#).

Yes _____ No _____

I am a paid member of the _____ PTA/PTSA.

I consent to serve in the position of _____
for a one-year term beginning July 1, 2024 and ending June 30, 2025.

Signature

Date