



*everychild.one voice.*

**Information that the Iowa PTA  
needs from your new unit:**

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Telephone Number: \_\_\_\_\_

School District: \_\_\_\_\_

School Superintendent: \_\_\_\_\_

School Principal's Name: \_\_\_\_\_

School Principal's Telephone Number: \_\_\_\_\_

School Principal's E-mail Address: \_\_\_\_\_

PTA Name: \_\_\_\_\_

PTA President's Name: \_\_\_\_\_

PTA President's Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

PTA President's daytime telephone number: \_\_\_\_\_

PTA President's E-mail address: \_\_\_\_\_

Please submit this information to the Iowa PTA via e-mail, mail or fax at the following:

**Iowa PTA  
8345 University Blvd., Suite F-1  
Des Moines, IA 50325  
Phone: (800) 475-4782  
Fax: (515) 225-6363  
E-mail: [ia\\_office@pta.org](mailto:ia_office@pta.org)**