

This Form should be returned by **Monday, September 23, 2013** along with your **\$50 PCCPTA Membership Dues**.

As a member of PCCPTA, your PTA is entitled to up to five voting delegates. As a PTA insured through PCCPTA, your unit is REQUIRED to attend at least TWO PCCPTA GENERAL MEETINGS per school year. This does NOT include the Annual Workshop, Legislative Meetings, or any other events. In addition to these meeting requirements, you must attend one sanctioned PCCPTA Advocacy training, event or program. Please check meeting dates and locations in your PCCPTA Handbook, the PCCPTA Newsletter, Member Update emails, and our website at [www.pccpta.org](http://www.pccpta.org). Please make arrangements NOW for your PTA to be represented at these meetings and functions.

**Procedures:**

Your delegate(s) must sign in at the general meeting and will be given a Voting Delegate Card. The card will display the date and location of the meeting and should be retained as proof of attendance.

Substitute Delegate: Should none of the five voting delegates you have listed on this form be available to attend the meeting, you may send a substitute. Your local unit President may send a note with the person explaining that he/she is a substitute delegate. Also, an individual may sign in for your PTA without the note. Your PTA will be given credit for attendance at that meeting and will receive a Proof of Attendance card; however, the individual may not vote or participate in debate.

Be sure your Secretary has a list of your Voting Delegates. Your President may send in a written note to change your voting delegates at any time.

When you attend a qualifying Advocacy training, event or program, please make sure you sign in and receive a PCCPTA attendance card. Qualifying Advocacy events will be announced in the monthly newsletter and posted on our website at [www.pccpta.org](http://www.pccpta.org).

If you have any questions completing this form, please contact Jennifer DeCresie at [membership@pccpta.org](mailto:membership@pccpta.org).

**Please return the bottom with your Membership Dues.**

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Pinellas County Council PTA/PTSA - Voting Delegates Form

Local Unit Name: \_\_\_\_\_

Names and emails of the 5 Delegates (**PLEASE TYPE or PRINT LEGIBLY!**):

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

President's Signature: \_\_\_\_\_

Make checks payable to: **Pinellas County Council PTA/PTSA (PCCPTA)**  
Mail to: Lizz Singh  
134 80<sup>th</sup> Ave NE  
St. Petersburg, FL 33702