

**Council Traditional School PTA  
PTA Board of Directors  
NOMINATION FORM**

**To be completed by Nominee. Please return to the office.**

**NOMINEE NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Office for which you wish to be a candidate:** \_\_\_\_\_

**Please describe any personal experience or skills that make you a good candidate for the above position, and for the PTA board in general.**

**Please describe any personal characteristics that make you a good candidate for the above position, and for the PTA board in general.**

**Are you currently a member of the CTS PTA?      YES\_\_\_\_\_                      NO:\_\_\_\_\_**

**Have you ever served on the CTS-PTA Board before? If yes, which year and what position?**

**Have you ever served on any other PTA Board before? If yes, which year, which school and what position?**

**List the names of your children attending CTS and their grade level for 2017-2018 year.**