

APPLICATION FOR RENEWAL MEMBERSHIP

CHANDLER SCHOOL BOOSTERS, INC.

Name of PTO/Booster Group _____

What is the name of your school? _____

Effective School Year: _____

OFFICERS:

President

Name: _____

Address: _____

Email address: _____

Phone(s): _____

Date taking office: _____

Vice President

Name: _____

Address: _____

Email address: _____

Phone(s): _____

Date taking office: _____

Secretary

Name: _____

Address: _____

Email address: _____

Phone(s): _____

Date taking office: _____

Treasurer

Name: _____

Address: _____

Email address: _____

Phone(s): _____

Date taking office: _____

***For additional officers, please add a separate, attached sheet.**

REPRESENTATIVE AND ALTERNATE REPRESENTATIVE (These persons will represent your PTO/Booster group in the Chandler School Boosters, Inc. These persons may also hold an office within your PTO/Booster group.)

Representative

Name: _____

Address: _____

Email address: _____

Phone(s): _____

Alternate Representative

Name: _____

Address: _____

Email address: _____

Phone(s): _____

PTO/Boosters please attach:

1. Current bylaws for your PTO/Booster group
2. Adopted Budget

Please respond yes or no, as applicable:

Do you require two signatures on all checks? _____

Do you review your bylaws annually? _____

Do you approve a budget annually? _____

All officers and CSB Representatives/Alternates MUST register on the CSB website at:

www.chandlerschoolboosters.org.

Name of officer submitting information _____