

<i>For office use only</i> Date Rcvd. _____ Ent. into DB _____
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**OFFICERS and CHAIRPERSONS**

Please complete this form in its entirety especially if you have elected any new officers or chairpersons for the 2021-2022 school year. **However, if your officers or chairpersons are remaining the same for the 2021-2022 school year, the form still needs to be filled out since some of the pertinent information (i.e., address, telephone number, email address) may have changed. Emails are a must since this is our way of communicating with all of you.** As stated in your bylaws, forms must be returned no later than June 30th, **unless you have a fall election then October 31st.** You may respond via email to [baileyppta@aol.com](mailto:baileyppta@aol.com) or mail your form to Massachusetts PTA Attn. Barbara Bailey 405 Waltham Street #147 Lexington, MA 02421. **Reminder Massachusetts PTA does not share any of this information with 3<sup>rd</sup> parties.**

**2021-2022**

PTA Name (As stated on your bylaws): J. R. Briggs PTA  
00849269  
PTA National ID # (8-digit number): \_\_\_\_\_

**President (term expires 6/30/22)**

Name: <u>Melissa Basnett</u>	Home Phone: _____
Address: <u>433 Ashby Rd</u>	Cell Phone: <u>978-549-9424</u>
City: <u>Ashburnham</u>	E-mail: <u>mbas7731@yahoo.com</u>
Zip: <u>01430</u>	_____

**Vice President (term expires 6/30/22)**

Name: <u>Tiffani Sell</u>	Home Phone: _____
Address: <u>125 Tuckerman Rd</u>	Cell Phone: <u>484-239-2664</u>
City: <u>Ashburnham</u>	E-mail: <u>xsell515@gmail.com</u>
Zip: <u>01430</u>	_____

**Secretary (term expires 6/30/22)**

Name: <u>Jason Stanton</u>	Home Phone: <u>978-252-1144</u>
Address: <u>140 Cashman Hill Rd</u>	Cell Phone: _____
City: <u>Ashburnham</u>	E-mail: <u>jsstanton140@gmail.com</u>
Zip: <u>01430</u>	_____

**Treasurer (term expires 6/30/22)**

Name: <u>Greg Belkin</u>	Home Phone: _____
Address: <u>1 Hosley Rd</u>	Cell Phone: <u>978-697-5897</u>
City: <u>Ashburnham</u>	E-mail: <u>gregbelkin@gmail.com</u>
Zip: <u>01430</u>	_____

**State Liaison (person other than president)**

Name: _____	Phone: _____
Address: _____	_____
City: _____	E-mail: _____
Zip: _____	_____

**Membership Chair**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_

**Cultural Arts/Reflections Chair**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_

**Health, Safety and Wellness Chair**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_

**Advocacy/Legislative Chair**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_

**SCHOOL INFORMATION**

If your PTA Unit includes more than one school, please list all schools.

Type of School(s)  Pre-School  **Elementary**  Middle  Junior High  Senior High  
(Check all that apply):  Jr./Sr. High  Other \_\_\_\_\_

School: John R Briggs Elementary School  
Address: 96 Williams Road  
City, Zip: Ashburnham, MA 01430  
Principal Nathaniel North Email nnorth@awrsd.org

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Principal \_\_\_\_\_ Email \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Principal \_\_\_\_\_ Email \_\_\_\_\_

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Principal \_\_\_\_\_ Email \_\_\_\_\_