Form 6 Current PSA Executive Committee (append AGM minutes) **Date: _____**

NOTE: If you are holding your AGM in October, **please do not submit this form until after your AGM**.

Name of PSA: _____

- The majority of a PSA's executive shall be active BCTF members.
- All members serving on your PSA executive committee must hold a current membership in your PSA AND hold some form of BCTF membership.

NOTE: UnionWare will only recognize the TITLES/POSITIONS given below, please do not change.

PRESIDENT ***(Active BCTF member)***					
First name		**Last name**			
Home address					
Home phone		**Work phone**			
Email address				**SD #**	
School #/address					
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?				

PAST PRESIDENT					
First name		**Last name**			
Home address					
Home phone		**Work phone**			
Email address				**SD #**	
School #/address					
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?		❑ If NO, is their associate membership current for one year?		

VICE-PRESIDENT 1 ***(Active BCTF member)***					
First name		**Last name**			
Home address					
Home phone		**Work phone**			
Email address				**SD #**	
School #/address					
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?				

VICE-PRESIDENT 2 ***(Active BCTF member)***					
First name		**Last name**			
Home address					
Home phone		**Work phone**			
Email address				**SD #**	
School #/address					
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?				

VICE-PRESIDENT 3 ***(Active BCTF member)***					
First name		**Last name**			
Home address					
Home phone		**Work phone**			
Email address				**SD #**	
School #/address					
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?				

SECRETARY			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

TREASURER			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

PSA Membership Coordinator (Active BCTF member – has access to BCTF PSA Membership portal)			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?		

EDITOR			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

WEB MANAGER			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

CONFERENCE 1			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

CONFERENCE 2			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

CONFERENCE 3			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

MEMBER AT LARGE—1			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

MEMBER AT LARGE—2			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

MEMBER AT LARGE—3			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

MEMBER AT LARGE—4			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

MEMBER AT LARGE—5			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

MEMBER AT LARGE—6			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

OTHER—1			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

OTHER—2			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

OTHER—3			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

OTHER—4			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

OTHER—5			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

OTHER—6			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

OTHER—7			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

OTHER—8			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

OTHER—9			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	

OTHER—10			
First name		**Last name**	
Home address			
Home phone		**Work phone**	
Email address		**SD #**	
School #/address			
❑ Membership in your PSA is current for one year	❑ Yes ❑ No Active BCTF member?	❑ If NO, is their associate membership current for one year?	