

**PARENT SUPPORT ORGANIZATIONS  
APPLICATION FOR APPROVAL**  
(PTA, PTSA, PTO, PTSO & BOOSTER CLUBS)



Name of Organization: \_\_\_\_\_  
 Renewal **OR**  New Organization

School: \_\_\_\_\_  
 Taxpayer ID#: \_\_\_\_\_

**Required Documents:**

- 1) Copy of By-Laws
- 2) Documentation of filing with the Arizona Corporation Commission **(confirmation documentation required)**
- 3) Documentation of filing of Form 990 with IRS **(confirmation documentation from the IRS required)**
- 4) Most recent Treasurer's Report *and* a bank statement **OR** Annual Audit Report
- 5) Revenue (July 1, 2018 to June 30, 2019) \_\_\_\_\_ Expenses (July 1, 2018 to June 30, 2019) \_\_\_\_\_  
*(Please indicate the amounts for the previous year: (this information is required by GASB No. 39))*

**OFFICERS:**

Name \_\_\_\_\_  
 Office Held \_\_\_\_\_  
 Signer on Bank Account  YES  NO  
 Exp. of Volunteer/Fingerprint Status \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Name \_\_\_\_\_  
 Office Held \_\_\_\_\_  
 Signer on Bank Account  YES  NO  
 Exp. of Volunteer/Fingerprint Status \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Name \_\_\_\_\_  
 Office Held \_\_\_\_\_  
 Signer on Bank Account  YES  NO  
 Exp. of Volunteer/Fingerprint Status \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Name \_\_\_\_\_  
 Office Held \_\_\_\_\_  
 Signer on Bank Account  YES  NO  
 Exp. of Volunteer/Fingerprint Status \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Name \_\_\_\_\_  
 Office Held \_\_\_\_\_  
 Signer on Bank Account  YES  NO  
 Exp. of Volunteer/Fingerprint Status \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Name \_\_\_\_\_  
 Office Held \_\_\_\_\_  
 Signer on Bank Account  YES  NO  
 Exp. of Volunteer/Fingerprint Status \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

As an organization, we hereby agree to abide the By-Laws of our organization, attend the annual District workshop on Parent Support Organizations, and follow District Guidelines for Operation, while we strive to improve our children's educational opportunities where support is needed.

\_\_\_\_\_  
 President Signature Date

\_\_\_\_\_  
 Vice President Signature Date

\_\_\_\_\_  
 Treasurer Signature Date

\_\_\_\_\_  
 Secretary Signature Date

Principal's Approval: \_\_\_\_\_  
 Signature Date