

I, _____, declare that I am a 2019-2020 member of
_____ PTA/PTSA, Number: _____._____._____, and that
at the time of filing this Declaration, I am qualified to assume the office, if elected as
_____ of the Washington State PTA; and, that I
hereby declare myself a candidate for that office. I further acknowledge that I understand the
duties and responsibilities of the office, and I am prepared to fulfill them.

Affidavit

I have read and understand the campaign/election policies ([WSPTA Policy Manual, Section Seven](#)) and guidelines of the Washington State PTA. Further, I agree to abide by and conform to these policies and guidelines.

Name: _____

Signature: _____

Date: _____

An original signature must appear on all forms; therefore, forms sent by email or fax will need to be scanned before submitting. **Electronic signatures will not be accepted.**