



**PPSTA** Philippine Public School Teachers Association

245-BANAUE ST., QUEZON CITY, PHILIPPINES • TELEFAX: 711-44-63 CELL NO.: 0918-5448046  
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*"Bayani ka, gurong Pilipino. Ang PPSTA, kumakalinga sa iyo!"*

**CHAPTER GUIDELINE NO 2011-07-02**

**FOR: ALL LOCAL AND REGIONAL CHAPTER PRESIDENTS**

**FROM: THE OFFICE OF THE CONSERVATOR**

**DATE: July 28, 2011**

**SUBJECT: SUBMISSION OF INFORMATION SHEET OF ALL DIVISION AND REGIONAL CHAPTERS**

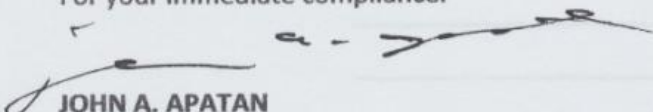
Communication is the basic tool for effective implementation of new policies and updates on new products and services of PPSTA. Communication is also an effective tool for a more collaborative effort towards achievement of a common goal – that is, to maintain the solidarity of the general membership.

In order for us to be of better service to your chapter and to directly communicate with you effectively and efficiently, PPSTA is requiring every regional and division chapter to submit an updated information sheet every January 15 of each year.

Attached herewith is the copy of the chapter information sheet. Copy of the information sheet can be downloaded from the PPSTA website ([www.PPSTA.com](http://www.PPSTA.com)).

Subsequent guidelines shall be issued from time to time to establish or clarify existing rules, policies and processes.

For your immediate compliance.

  
**JOHN A. APATAN**  
Conservator

Cc: Members of the Board of Trustees  
Members of the Management Committee

*Note: Those who have submitted the chapter information sheet before, during and after the Chapter Presidents Meeting last May 20, 2011 need not comply for this year. Their next compliance shall be on January 15, 2012.*

PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION

#245 Banaue St., Quezon City

CHAPTER INFORMATION SHEET

I. CHAPTER INFORMATION

A. Name of local chapter

\_\_\_\_\_  
\_\_\_\_\_

B. Official office address:

\_\_\_\_\_  
\_\_\_\_\_

Contact details:

Telephone no:

\_\_\_\_\_

Email address:

\_\_\_\_\_

C. List of Officers

mobile no

President

\_\_\_\_\_

Vice President

\_\_\_\_\_

Secretary

\_\_\_\_\_

Auditor

\_\_\_\_\_

Treasurer

\_\_\_\_\_

Others:

\_\_\_\_\_

\_\_\_\_\_

Board of Trustees/

\_\_\_\_\_

Directors:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Term of office

\_\_\_\_\_

Date of last election:

\_\_\_\_\_

Date of assembly:

last: \_\_\_\_\_

next: \_\_\_\_\_

\_\_\_\_\_

E. Total No of teachers:

\_\_\_\_\_

F. Total No of members:

\_\_\_\_\_

**CHAPTER DOCUMENTS**

Please check yes if you have the documents and send to PPSTA a copy

	yes	no
1. By-Laws (copy)	_____	_____
2. Articles of Incorporation (copy)	_____	_____
3. SEC Registration (copy)	_____	_____
4. Bank information:		
Bank name:	_____	
Account name:	_____	
Account no:	_____	
Authorized signatories	_____	
5. Have you entered any MOA with DepEd or any institutions/organizations?	yes	no
How much is the premium deduction of a member?	_____	_____

**III. LOCAL CHAPTER PROGRAMS/PROJECTS/BENEFITS**

Do you grant the following?

	(pls check)		AMOUNT GIVEN	
	yes	no	minimum	maximum
Death Benefit (DAC Benefit)	_____	_____	_____	_____
Retirement Benefit	_____	_____	_____	_____
Loan Program	_____	_____	_____	_____
Other Programs/Projects:				
Housing Project	_____	_____	_____	_____
Health care	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**\*\*Rest assured that we will treat all documents/information you have given us as confidential**

SUBMITTED BY:

\_\_\_\_\_  
CHAPTER PRESIDENT