

THE COMMUNITY PARTNERSHIP AWARD FORM



Purpose:

To recognize the importance of building successful partnerships as stakeholders in school improvement, student achievement and parental involvement through PTA membership. Local units who have **30 or more community partner members** may apply for this award. Partners include: business partners, police/fire department members, school board members, senior citizens, chamber of commerce members, nurses, doctors, community organizations and institutions, etc. Local units will need to issue a membership card to one or more persons affiliated with the business.

Instructions:

- Fill in the information requested below. Please print.
- This form must be postmarked by the last business day of October.
- Attach a list of partner names and type of partnership (business partner, school board, etc.). Required.
- **Mail to Georgia PTA, 114 Baker Street, NE, Atlanta, GA 30308-3366.**

| | | | |
|----------------|---------|-----------------|-----|
| Date | | Local Unit ID # | |
| District | Council | PTA Name | |
| Contact Person | | PTA Position | |
| Address | | | |
| City | | State | Zip |
| Cell Phone | | Home Phone | |
| Email | | | |

1. Have 30 or more community partner members joined your PTA? Yes No
 If *Yes*, please attach a list (including their name and type of partnership) to verify their membership in your PTA.
2. Have dues for these members been submitted to Georgia PTA? Yes No
 If *No*, please submit dues payment simultaneously with this form. Remember to use the *Dues Transmittal Form* included in the *Treasurers* section of this resource.

President’s or Membership Chairperson’s Signature _____

| | |
|-----------------------------|---------------------------------|
| FOR OFFICE USE ONLY: | |
| Date Received _____ | # of Members Paid to Date _____ |