

# MEMBERSHIP AWARDS FORM



**Purpose:**

Use this form to inform the state PTA office that your local unit PTA has achieved 100% Membership

**Instructions:**

- Make copies of this form as needed.
- Fill in the information requested below. Please print.
- This form must be postmarked by the last business day of the month listed below to qualify for the respective award.
- Dues **must** be paid by the same date. Submit *Dues Remittance Form* and check with this form.
- **Make checks payable and mail to Georgia PTA, 114 Baker Street, NE, Atlanta, GA 30308-3366.**

(A \$30.00 service fee applied for *returned* checks.)

Date		PTA Local Unit ID#		School Enrollment plus Certified Staff#	
District		Council		PTA Name (No Abbreviations)	
Contact Person				PTA Position	
Address					
City			State		Zip
Cell Phone			Home Phone		
Email					

**Check Award Level Earned:**

(Please note: In order to qualify for an award level, dues and this form must be postmarked by the last business day of the month indicated for the respective award.) **Additionally, in order to receive the award earned, your unit must be in "Good Standing" by March 1.**

- The Visionary Pin and Certificate:** 400 members to Georgia PTA by last business day of August.
- The Pacesetter's Certificate:** 300 members to Georgia PTA by last business day of August.
- The Early Bird Certificate:** 200 members by the last business day of September.
- The Platinum Membership Award:** 100% Membership achieved and dues sent to the state PTA office no later than the last business day in September.
- The Gold Membership Certificate:** 100% Membership achieved and dues sent to the state PTA office no later than the last business day in October.
- The Silver Membership Certificate:** 100% Membership achieved and dues sent to the state PTA office no later than the last business day in November.
- The Bronze Membership Certificate:** 100% Membership achieved and dues sent to the state PTA office no later than the last business day in February.

**Calculation of 100% Membership – (one (1) member for each student, faculty and staff )  
(Line 1 must equal or exceed line 4):**

- Total number of PTA members enrolled and submitted to state office \_\_\_\_\_
- Student enrollment at the end of the first full week of school \_\_\_\_\_
- Number of certified teachers at the end of the first full week of school \_\_\_\_\_
- Total of lines 2 and 3 (# of members required for above awards) \_\_\_\_\_

Signature of President or Membership Chairperson \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
Date Received _____	# of Members Paid to Date _____