

# 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 \_\_\_\_\_

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