

# MEMBERSHIP AWARDS FORM



**Purpose:**

Use this form to inform the state PTA office that your local unit PTA has achieved Target 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 Transmittal Form* and check with this form.
- **Make checks payable and mail to Georgia PTA, 114 Baker Street, NE, Atlanta, GA 30308-3366.**  
(A \$29.00 service fee applied for *returned* checks.)

Date		Local Unit ID #	School Enrollment plus Certified Staff#	
District	Council		PTA Name	
Contact Person			PTA Position	
Address				
City		State	Zip	
Daytime 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. The state PTA office will verify Student enrollment.)

- 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:** Target Membership achieved and dues sent to the state PTA office no later than the last business day in September.
- The Gold Membership Certificate:** Target Membership achieved and dues sent to the state PTA office no later than the last business day in October.
- The Silver Membership Certificate:** Target Membership achieved and dues sent to the state PTA office no later than the last business day in November.
- The Bronze Membership Certificate:** Target Membership achieved and dues sent to the state PTA office no later than the last business day in February.

**Calculation of Target Membership (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 \_\_\_\_\_

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