



# MEMBERSHIP AWARD

Due ~~April 15<sup>th</sup>~~ - **May 1st**

Unit Name \_\_\_\_\_

Unit Address \_\_\_\_\_

Membership Vice President or Chairperson \_\_\_\_\_

E-mail address \_\_\_\_\_

## Membership Award Criteria

1. Our unit had a membership increase of at least 10%.    YES                      NO  
*\*\*Must have a 10% membership increase to qualify. Membership numbers are as of March 31<sup>st</sup>. Please call the Montana PTA office if you are unsure of your current membership numbers.*

Number of Local unit members in 17-18 \_\_\_\_\_

Number of Local unit members in 18-19 \_\_\_\_\_

2. Our unit sent our Dues Remittance Form to the Montana PTA office by the November 1, 2018 deadline?    YES                      NO

*\*\* Must have submitted dues by November 1, 2018 and Insurance premium to AIM by May 1, 2019 to qualify.*

### Unit must complete at least four (4) of the following:

3. Our unit distributed membership cards to all members.    YES                      NO
4. Did your unit send the final Dues Remittance to the Montana PTA office by the April 1<sup>ST</sup> deadline?    YES                      NO
5. Our unit promoted the "Roll Out the Red Carpet" membership theme.    YES                      NO
6. Our unit promoted the Member Benefits from National and Montana PTA and/or established local Member Benefits for PTA.    YES                      NO
7. Our unit promoted membership during at least two school events (i.e. open house, school carnival, etc.) Please list events on reverse side of application.    YES                      NO
8. Our unit promotes membership via social media. For example; Facebook, Twitter, website.    YES                      NO  
Share with us your social media addresses \_\_\_\_\_
9. Our unit reinforced the importance of activating their membership card on the National PTA website.    YES                      NO  
Let us know how you promoted this: \_\_\_\_\_

### RETURN FORM TO:

**MONTANA PTA  
PO BOX 1269  
LAUREL, MT 59044**