MEMBERSHIP AWARD
Due ~~May 1st~~ June 15th

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 31st. Please call the Montana PTA office if you are unsure of your current membership numbers.*
   Number of Local unit members in 18-19 _____
   Number of Local unit members in 19-20 _____

2. Our unit sent our Dues Remittance Form to the Montana PTA office by the November 1, 2019 deadline?
   YES NO
   *** Must have submitted dues by November 1, 2019 and Insurance premium to AIM by May 1, 2020 to qualify.*

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

3. Our unit distributed membership cards either printed or digitally to all members. YES NO

4. Did your unit send the final Dues Remittance to the Montana PTA office by the April 1ST deadline? YES NO

5. Our unit promoted a membership theme this year. 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 creating or updating profile 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

7/1/19