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 22-23 ________
   Number of Local unit members in 23-24 ________

2. Our unit sent our Dues Remittance Form to the Montana PTA office by the November 2022 deadline?   YES   NO
   **Must have submitted dues November 2023 and insurance premium to AIM by May 1, 2024 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

7/19/23