

MEMBERSHIP AWARD Due June 1st

Unit N	ame		
Unit A	ddress		
Memb	ership 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 st . Please call 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	the Monto	ana PTA
2.	Our unit sent our Dues Remittance Form to the Montana PTA office by the November 2022 dead YES NO ** Must have submitted dues November 2023 and Insurance premium to AIM by May 1, 2024 to qualify.	line?	
Unit m	nust 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 1 ST 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 <u>and/or</u> established loc for PTA. YES NO	al Membe	er Benefits
7.	Our unit promoted membership during at least two school events (i.e. open house, school carnive events on reverse side of application. YES NO	al, etc.) P	lease list
8.	Our unit promotes membership via social media. For example; Facebook, Twitter, website. Share with us your social media addresses	YES	NO
9.	Our unit reinforced the importance of creating or updating profile on the National PTA website. Let us know how you promoted this:	YES	NO
RE	TURN FORM TO: MONTANA PTA PO BOX 1269		

LAUREL, MT 59044