



MEMBERSHIP AWARD

Due June 1st

Unit Name _____

Unit Address _____

President or Vice President of Membership _____

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 23-24 _____

Number of Local unit members in 24-25 _____

2. Our unit remitted dues to Montana PTA by the November 2024 deadline?
YES NO

*** Must have submitted dues November 2024 and Insurance premium to AIM by May 1, 2025 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, Instagram, 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:
MTSTATEPTA@GMAIL.COM
MONTANA PTA
PO BOX 1269
LAUREL, MT 59044