



MEMBERSHIP AWARD

Due April 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 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 1st 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**