

Units must be in good standing to apply for this award.

APPLICATION FORM

This award is presented to a PTA/PTSA at each level that has obtained the highest percentage of membership over their pupil count and whose membership is representative of the entire community.

Unit Name _____

MPTSA ID# _____ National ID# _____

President's Name _____

President's Address _____

City _____ Zip Code _____

Phone (Daytime) _____ Phone (Evening) _____

E-Mail Address _____

President's
Signature _____ Date _____

Membership
Chair's Signature _____ Date _____

We have membership from the following groups:

- Parents Community Administration
 Staff Business Students (if a PTSA)

Total Members _____ ÷ **Pupil Count** _____ = _____ x 100 = _____ %

- Submit this application, a description of how you successfully incorporated these partners in education and the results, and any supporting materials.
- Each page must have your Michigan ID# on it.
- Submit the original application materials and five (5) copies – making a total of six (6) copies.

APPLICATION DEADLINE: February 28, 2009

MAIL TO:

Michigan PTSA
3300 Washtenaw Ave., Suite 220
Ann Arbor, MI 48104-4294

QUESTIONS?

membership@michiganpta.org or 734-975-9500

For Office Use Only:

Received Date _____ Number of Members _____

Unit Dues _____ Budget _____ Audit _____ Bylaws _____

**Michigan
PTSA[®]**
every child. one voice.



GOLD STAR