



Unit Membership Certificates

Award Application must be received by June 1st, 2020

All Units must have current Standards of Affiliation to apply for Awards

Please Type and submit via postal mail or email

Unit Name: _____ Michigan PTA/PTSA ID #: _____

Unit President's Name: _____

Unit President's Email Address: _____

Unit President's Mailing Address: _____

Unit Membership Chair's Name: _____

Unit Membership Chair's Email Address: _____

Award Purpose/Goal: These Membership Awards are intended to recognize the power of service for children through the combined forces of parents, teachers, students and the community. A strong, passionate membership base is the cornerstone of making a difference in the lives of children.

Award Selection Criteria: The Membership awards are based on the criteria listed by each Award type below. **(The PTA/PTSA MUST have current Standards of Affiliation to apply for awards)**

The Unit named above is applying for the following awards:

_____ **Gold Star PTA** (Units whose membership sales exceed pupil count and represent entire community [Complete All sections on page 2])

_____ **100% PTA** (Total number of memberships sold equal or exceed 100% of *official student count*) [Complete sections A, B, D on page 2]

_____ **100% Staff** (Membership sold to every full-time employee officially assigned to the unit's building) [Complete sections A, C on page 2]

_____ **Michigan PTA Honor Roll** (Total number of memberships sold equal 80%-99% of official student count) [Complete sections A, B on page 2]

_____ **Student Membership** (Units with student members equaling 10% or more of student count) [Complete sections A, B, D, F on page 2]

_____ **Business Memberships** (Units with at least 5 Business Membership sold) [Complete sections A, E on page 2]

Sections descriptions appear on next page

Award Information Sections

Section A

PTA School Type: _____ Pre-School _____ Elementary (Lower/Upper)
_____ Middle School _____ High School _____ Other

Section B

Official Student Count*: _____ Representing _____ number of families
*Get these numbers from your school district or Principal)

Section C

Official Full Time Staff Count*: _____ *Get these numbers from your district or Principal)

Total Full Time Staff Memberships Sold: _____

Section D

Total PTA/PTSA Memberships Sold: _____

Section E

Total Business Memberships Sold: _____

Section F

Total Student Memberships Sold: _____

Section G

Total Memberships Sold to Administrators: _____

Total Memberships Sold to Community members (non-parents) _____

Principal Printed Name and Signature

Unit President Printed Name and Signature

Submit completed application and all supporting documentation:

Via Mail



Membership Committee
Michigan PTA
1390 Eisenhower Place
Ann Arbor, MI 48108

Via Email



Email to
membership@michiganpta.org

MUST BE RECEIVED IN THE Michigan PTA OFFICE ON OR BEFORE JUNE 1st, 2020 - NO EXCEPTIONS

For Office Use Only

Date Rec'd _____ Good Standing _____ Bylaws Dated _____ Data Verified _____ Awarded? _____