

APPLICATION FORM

This award is presented to a PTA/PTSA at each level who displays the best idea for a membership campaign.

Unit Name _____

Michigan ID # _____ National PTA ID# _____

President's Name _____

President's Address _____

City _____ Zip Code _____

(____) _____ (____) _____
Day Phone# Evening Phone

E-mail Address _____

President Signature _____ Date _____

Membership Chair Signature _____ Date _____

Please attach a description of your membership campaign, results, and support materials.

REMEMBER:

1. Include this application and your support material along with five (5) additional copies of the set.
2. Each piece MUST have your Michigan ID Number on it.

Michigan
PTSA®
every child. one voice.



BRIGHT IDEAS

Mail to:
Michigan PTSA
7402 Westshire
Suite 115
Lansing MI 48917-8687
Phone: (517)-622-4PTA
Fax: (517)-622-4788
www.michiganptsa.org

For Office Use Only:

Received _____ Unit Dues Pd _____ Bylaws Updated _____

Budget Rec'd _____ Audit Rec'd _____ Number of members _____