



Washington State PTA's 2018-2019 Membership Challenge

POWER SURGE REGISTRATION FORM

To participate in the WSPTA Power Surge Membership Challenge, a local PTA must submit, by email, this completed form, **along with a copy of their current PTA membership form**, to ptamemmdir@wastatepta.org by midnight on Friday, November 2, 2018.

Before completing this registration form, please read WSPTA's Power Surge Membership Challenge overview thoroughly (found on the Membership Awards page of the WSPTA website). All questions on this form require an answer. Contact the WSPTA Membership Director at ptamemmdir@wastatepta.org with any questions.

Contact Information

PTA name: _____ PTA number: _____
Your name: _____ Your PTA title: _____
Email: _____ Phone: _____

Membership at Your PTA

What position is in charge of membership at your PTA? _____
The position you listed above is: _____ on the board of directors _____ appointed / committee chair
This position is currently (select one): _____ filled _____ vacant
Our PTA's membership goal for this year (2018-2019) is: _____
Our PTA's 2017-2018 year-end membership total was: _____
(This number can be found by logging into your PT Avenue account and selecting the Corporate Information icon. The last five years of your PTA's membership history are located on the bottom right of this page.)

Your Take on Membership

Who is eligible to join your PTA? _____
What is the most common excuse people give for not joining your PTA? _____
What (if anything) has your PTA done to overcome the excuse you listed above? Be specific. _____

If your PTA could get help from Washington State PTA with any one thing to do with PTA membership, what would it be?

 Sign me up for the Membership Made Easy e-newsletter.
 I have questions or could use some help. Please have a member of the WSPTA Membership Committee follow up with me.

Participation Agreement

By signing and submitting this form, you acknowledge having read and understood the overview document cited above. All PTAs choosing to participate in this challenge agree to abide by the rules and guidelines provided, and understand that their PTA's name and basic information may be used for publicity purposes by Washington State PTA. No information provided in this profile will be distributed outside of WSPTA.

Signature: _____ Date: _____