2019-2020

100% PTA Membership Award Form

The number of members in this PTA is equal to or greater than the number of students served by this PTA.

The 100% PTA Membership Award is presented to local PTAs that enroll at least as many members as there are full-time enrolled students at the school associated with that PTA. This is the pinnacle of achievement in PTA membership and recognizes that every child in the school community has a paid PTA member to be their voice. Recipients of the 100% PTA Membership Award will be recognized at the 2020 Washington State PTA Convention, being held May 15-17, 2020 in Lynnwood, Washington.

To be eligible, a PTA must be in good standing and a representative from the PTA must submit this completed form (including the principal’s signature) by March 1, 2020. Forms may be scanned and submitted via email to ptamembdir@wastatepta.org by midnight on March 1 or mailed (with a postmark no later than March 1) to Washington State PTA, Attn: Membership Awards, 15 Oregon Avenue, Suite 202, Tacoma, WA 98409-7463.

Name of PTA: ___________________________________ Local PTA number: _____ - _____ - _____

Name of school: _________________________________ PTA president: ______________________

PTA president email: ______________________________ PTA president phone: ________________

Person submitting form: __________________________ PTA position: _______________________

Email: _________________________________________ Phone: ____________________________

A PTA qualifies for the 100% PTA Membership Award by enrolling at least as many PTA members as there are full-time enrolled students at the school.

**PTA MEMBERSHIP**

As of ____________________, our PTA has enrolled and paid for ___________________ 2019-2020 PTA members.

(date) (# of members)

PTA president signature: _______________________________ Date: ________________

Please attach a short paragraph describing your PTA’s approach to membership and how it contributed to the achievement of 100% PTA membership.

**SCHOOL ENROLLMENT**

As of the above date, the aforementioned school has __________________ full-time, enrolled students.

(# of students)

School Principal (please print): ______________________________

Principal’s signature: _______________________________ Date: __________________

Questions? Please contact WSPTA Membership Director Kim Kuhne at ptamembdir@wastatepta.org.