

DEADLINE: Application must be
postmarked on or before
APRIL 1, 2011

MAIL TO: Missouri PTA
2101 Burlington St.
Columbia, MO 65202

100% FACULTY AWARD

We certify that every full time certified faculty member at:

_____ school is a member of the
_____ PTA/PTSA.

SCHOOL DISTRICT _____

PTA REGION _____

CITY _____ COUNTY _____

PRINCIPAL'S NAME _____

SCHOOL'S ADDRESS _____

Unit in good standing – Bylaws approval date: _____
Unit Annual Financial Review submitted by 12/1/10 _____
Annual Financial Report submitted by 12/1/10 _____
Copy of required IRS tax form submitted by 12/1/10 _____
Officers Form submitted to state office by 3/31/11: _____
Membership dues mailed to state office each month: _____

Faculty includes all certified teaching staff (i.e. teachers, librarians, counselors, and administrative staff) who are assigned to your school on a FULL TIME basis.

Student Enrollment _____ Number of Full Time Faculty Employees _____

President's Signature Date E-Mail

Address City Zip

Membership Chairman's Signature Date E-Mail

Principal's Signature Date

DEADLINE FOR MEMBERSHIPS TO COUNT TOWARD AWARDS IS MARCH 1, 2011