

DEADLINE: Application must be
Postmarked on or before
April 15, 2009

MAIL TO: Missouri PTA
2100 I-70 Drive SW
Columbia, MO 65203

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 _____

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

Student Enrollment _____ Bylaws Review Date _____

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,
2009**