

Units must be in good standing to apply for this award.

APPLICATION FORM

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

Unit Name _____

MPTSA ID# _____ National ID# _____

President's Name _____

President's Address _____

City _____ Zip Code _____

Phone (Daytime) _____ Phone (Evening) _____

E-Mail Address _____

President's
Signature _____ Date _____

Membership
Chair's Signature _____ Date _____

- Submit this application, a description of your membership campaign and results, and any supporting materials.
- Each page must have your Michigan ID# on it.
- Submit the original application materials and five (5) copies – making a total of six (6) copies.

APPLICATION DEADLINE: February 28, 2009

MAIL TO:

Michigan PTSA
3300 Washtenaw Ave., Suite 220
Ann Arbor, MI 48104-4294

QUESTIONS?

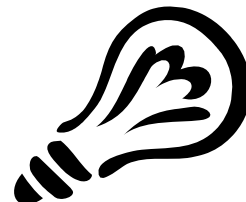
membership@michiganpta.org or 734-975-9500

For Office Use Only:

Received Date _____ Number of Members _____

Unit Dues _____ Budget _____ Audit _____ Bylaws _____

**Michigan
PTSA®**
every child. one voice.



BRIGHT IDEAS