

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

APPLICATION FORM

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 _____

- Every member unit of this council is in good standing with Michigan PTSA.
- Every member unit of this council posted at least 80% of their pupil count in membership by February 28, 2009.
- Attach a current list of your member units' names and their Michigan ID numbers.**

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.

COUNCIL ACHIEVEMENT