

## Application for 100% Membership Award for Units

### A special *NEW* membership award for PTA units...

whose unit membership is equal to, or exceeds, the school enrollment.

*One membership for every child enrolled in the school associated with that local unit - what could be better than every child having at least one adult willing to join the PTA as a voice for their future? This award is based on enrollment for which per capita is received in the state office by March 31, 2007. Application is sent through PTA District.*

**TOTAL UNIT MEMBERSHIP:** \_\_\_\_\_ \*

*\*Must be recorded in the State PTA office*

**SCHOOL ENROLLMENT:** \_\_\_\_\_

*(School enrollment will be verified after application is received.)*

Name of PTA: \_\_\_\_\_

CAPTA ID # Number: \_\_\_\_\_ National PTA ID # \_\_\_\_\_

District: \_\_\_\_\_ Council: \_\_\_\_\_

Name of PTA President: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Reviewed and forwarded by District President or designee on \_\_\_\_\_ :**  
(date)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_

**DEADLINE: must be received in the state office by March 31, 2007**

**SEND APPLICATION FORM THROUGH YOUR PTA DISTRICT TO:**

California State PTA attn.: Membership Chair  
930 Georgia Street, Los Angeles, Ca. 90015-1322  
or fax to 213 / 620-1411

**QUESTIONS?** Contact [membershipchair@capta.org](mailto:membershipchair@capta.org) (213) 620 -1100 ext 328

*Provided initially in 2006 Summer Service mailing*