

ADDITIONAL MEMBERSHIP REPORT – Local Unit



This report is required to be in the State Office on or before December 1st.
 Send to: Tennessee PTA, 1905 Acklen Avenue, Nashville TN 37212
 1-888-782-5712 www.tnpta.org

If in a council, send this report, a list of your members, \$2.75 per member and your council dues, to your council (consult your Council Membership Chairman for exact due date). Your council will forward state and national portions.

If NOT in a council, send this report, a list of your members, and \$2.75 per member to the Tennessee PTA.

REPORT MUST BE RECEIVED IN THE STATE OFFICE ON OR BEFORE DECEMBER 1

Name of PTA/PTSA _____ NPTA ID# _____

Name of President _____ Phone (____) _____

Address _____ City _____ Zip _____

President's email address _____

Name of Chairman _____ Phone (____) _____

Address _____ City _____ Zip _____

Chairman's email address _____

Council _____ County _____ Region _____

Number of Certified Teachers in School*	Number of Certified Teachers in PTA	Number of Students in School	Number of ADDITIONAL members including Teachers
_____	_____	_____	_____

**Does not include part-time or support staff. These members are to be included in the total number of PTA members.*

DUES REMITTED

National dues: _____ x \$1.75 = _____

State dues: _____ x \$1.00 = _____

Council dues: _____ x \$_____ = _____
 (if applicable)

TOTAL DUES REMITTED: _____

PERIOD FOR WHICH DUES ARE BEING PAID

_____ (school year)

Note: Please fill out this report in its entirety. This information is important for State and National records, and is used to determine eligibility for Membership Awards.

**MAKE A COPY FOR YOUR FILES BEFORE MAILING
 A LIST OF YOUR LOCAL UNIT'S MEMBERS' NAMES MUST ACCOMPANY THIS REPORT.**

FOR TENNESSEE PTA STATE OFFICE USE ONLY			
Date Received:	Check #:	Amount:	Receipt #: