



# TENNESSEE PTA LIFE ACHIEVEMENT AWARD APPLICATION

Make checks payable to and mail to:

Tennessee PTA, 1905 Acklen Avenue, Nashville TN 37212

**NOTE:** Allow at least two weeks (10 working days) for processing the application or Tennessee PTA cannot guarantee delivery by the date of your presentation. Complete all blanks or application will not be processed. Home address and first name of recipient are required for files. Certificate and letter will be prepared from this form. Please be certain all information, and spelling is correct, as any errors due to the contributor cannot be corrected without additional charge.

**LIFE ACHIEVEMENT AWARD– \$50.00    LIFE ACHIEVEMENT PIN - \$35.00    (Total - \$85.00)**

Please type or print clearly (do not abbreviate) Date \_\_\_\_\_

1. First and last name of Recipient (Mr./Mrs./Ms.) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

2. Date of Presentation \_\_\_\_\_

3. Additional Recipient(s): First and last name, home address (street, city, state, and zip code) of each:

a. (Mr./Mrs./Ms.) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

b. (Mr./Mrs./Ms.) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

c. (Mr./Mrs./Ms.) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

4. Name of PTA, PTSA, or Council giving the Life Achievement Award:

\_\_\_\_\_  
(Complete name of school – Elementary, Middle, High, etc.)

5. Person to whom certificate and or pin are to be mailed (home mailing address is preferred):

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

