

INITIAL MEMBERSHIP REPORT – LOCAL UNIT



This report is required to be in the State Office on or before **October 15**.
 Send to: Tennessee PTA, 1905 Acklen Avenue, Nashville 37212
 1-888-782-5712 www.tnpta.org

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

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 OCTOBER 15

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	Total Members Year to Date 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 = _____

PERIOD FOR WHICH DUES ARE BEING PAID
 _____ (school year)

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

TOTAL DUES REMITTED: _____

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