

## **CREATIVE MEMBERSHIP AWARD - COUNCIL**

Submissions must be received in the State Office by March 1st

## SHARE HOW YOUR COUNCIL PROMOTED MEMBERSHIP!

Complete this form and attach up to 4 single sided pages to describe your membership campaign. Incomplete entries will be disqualified.

Name of Council		
NPTA ID#	Region	
Name of President		Phone
	address	
		Phone
	address	
Membership Slogan or The	eme	
Describe the membership	training offered to your local units.	
Did a local elected official proclaim PTA Membership Month in your area?		
Did your membership as a	a Council increase? If so, by how mucl	1?
Logo Ince Awa	d pages and describe your membersh os and Graphics Used Intives and Goals Irds or Prizes Inmunity Involvement	ip campaign including the following:

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Send to: Tennessee PTA, 1905 Acklen Avenue Nashville 37212