



2017-2018 UNIT MEMBERSHIP REPORT

Complete this report and submit to the state office.

Reporting Period [Please circle one]

Early Bird October 15th

Annual (REQUIRED) December 1st

Award March 1st

Final Report May 1st

This report is required for State and National records and is used to determine good standing status and qualification for awards. If you already completed a Membership Form and do not have any new members, you do not need to complete this report.

A LIST OF YOUR UNIT'S MEMBERS' NAMES AND CONTACT INFORMATION MUST ACCOMPANY THIS REPORT.

**TO BE A UNIT IN GOOD STANDING, MEMBERSHIP DUES FOR AT LEAST 20 MEMBERS
MUST BE SUBMITTED TO THE STATE OFFICE ON OR BEFORE DECEMBER 1ST.**

If in a council:

Send this report, a list of members, \$3.75 per member plus your council dues to your council (consult your Council Membership Chairman for the due dates and Council dues amount). 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 \$3.75 per member to Tennessee PTA State Office, 1905 Acklen Avenue, Nashville, Tennessee 37212, Phone (615) 383-9740

Name of PTA/PTSA _____ National PTA ID# _____

County _____ Council _____ Region _____

School Address _____ City _____ Zip _____

Name of President _____ Phone (____) _____

President's Email Address _____

Name of Membership Chairman _____ Phone (____) _____

Address _____ City _____ Zip _____

Chairman's Email Address _____

| Total Number of Members | Number of Fulltime Teachers in PTA* | Number of Students in School | Number of Fulltime Teachers in School* |
|-------------------------|-------------------------------------|------------------------------|--|
| | | | |

**Does not include part-time or support staff.*

Membership Remittance on this Report

Number of NEW Members

National Dues: _____ x \$2.25 = _____

State Dues: _____ x \$1.50 = _____

(If applicable) Council Dues: _____ x _____ = _____

TOTAL DUES REMITTED: _____

FOR COUNCIL OR TENNESSEE PTA USE ONLY

| | | |
|----------------|----------|---------|
| Date Received: | Check #: | Amount: |
| | | |