

THE OAK TREE AWARD FORM



FOR OFFICE USE ONLY:

Date Received _____ # of Members Paid to Date _____

Purpose:

To recognize the value of the school staff as stakeholders advocating for all children through PTA membership. (Staff includes: principal, administrative staff, clerical staff, custodians, social workers, counselors, cafeteria staff, i.e., and personnel assigned or based at the school.)

Instructions:

- Fill in the information requested below. Please print.
- Attach a list of staff members and their positions. (Required.)
- This form must be postmarked by the last business day of October.
- **Mail to Georgia PTA, 114 Baker Street, NE, Atlanta, GA 30308-3366.**

Date		Local Unit ID #	
District	Council	PTA Name	
Contact Person		PTA Position	
Address			
City		State	Zip
Cell Phone		Home Phone	
Email			

1. How many staff members are based at your school this school year? _____
2. Has each one of them joined your PTA this school year? Yes No
If *Yes*, please attach a list (including their name and staff position) to verify their PTA membership.
3. Have dues for these members been submitted to Georgia PTA? Yes No
If *No*, please submit dues payment simultaneously with this form. Remember to use the *Dues Transmittal Form* included in this section.

President's/Membership Chairperson's Signature _____