

INDIANA PTA
everychild.onevoice.

Membership Packet



2009-2010



everychild.one voice.

2525 North Shadeland Ave., D-4
Indianapolis, IN 46219

Phone: 317-357-5881 Fax: 317-357-3751 E-Mail: indianapta@sbcglobal.net

July 2009

Dear PTA Membership Chair,

Welcome to the Indiana PTA Membership Program. It is dedicated to you and the growth of your unit. Only by maintaining a substantial membership base can we best serve our goals of child advocacy and parent involvement. You have a wonderful opportunity to increase parent involvement in your unit and school, but first you will need to set a growth goal for this year, choose a theme for your campaign and start promoting membership.

Check out the Indiana PTA website (www.indianapta.org) and the National PTA website (www.pta.org) for many exciting ideas! You will find many useful tools for building membership. You may duplicate and share any of the information and use it as you find it most useful for your campaign.

Each PTA member adds volume to our numbers and credibility to our cause so that policy makers in all areas and at all levels hear a strong, unified voice on behalf of children. Joining PTA is the most basic form of parent involvement. It means that the member endorses the Purposes and Mission of the PTA.

Please familiarize yourself with this material, represent your PTA with pride and enthusiasm and enjoy a productive and successful membership year.

Tina Hartman, President
Indiana PTA
140 E. Essex Lane
Fort Wayne, IN 46825
317-781-0743
thartman@indianapta.org

Barry Jones, Member Services Chair
Indiana PTA
2632 Pennsylvania
Evansville, IN 47712
812-401-3203
twinpapa02@yahoo.com

List of 2009 -2010

Membership Awards

Certificates will be awarded for:

- 1. 100% Teacher/Principal Membership**
To be awarded to units where every full time teacher in the school and the Principal(s) are members.
- 2. 25 or more Family and Friend Members**
To be awarded to units with 25 or more family/friend members. Please do not include Principals, full time teachers, parents or guardians.
- 3. Membership increase of 25 Members**
- 4. Maintaining Membership**
To be awarded to units that have at least as many members this year as last year.
- 5. 25% Increase**
Unit membership increased 25% over previous year.
- 6. School displaying the best Membership Campaign.**
To be awarded to three units per region with the best Membership Campaign.
- 7. 100% Matching Membership**
**Example – If, at the time of this report, you have 400 students enrolled and you have 400 PTA members, you have earned the 100% Matching Membership Award.*

Plaques will be awarded for:

- 1. 50% Increase**
Unit membership increased 50% over previous year.
- 2. Outstanding Membership Achievement Award (one (1) unit per region)**
(Highest percentage of increase in members from 2008-2009)
- 3. Outstanding Membership Campaign**
(Criteria can be found on the next page)
- 4. 500 or more members for two consecutive years.**

ADDITIONAL SPECIAL RECOGNITION

All PTAs/PTSAs that increase their 2009-2010 membership by 25% or 50% will be listed on the Indiana PTA web page.

IMPORTANT NOTE

IN ORDER TO QUALIFY FOR ANY MEMBERSHIP AWARD, A UNIT MUST MEET THE NOVEMBER 15 AND MARCH 15 DUES AND REMITTANCE FORM DEADLINE.

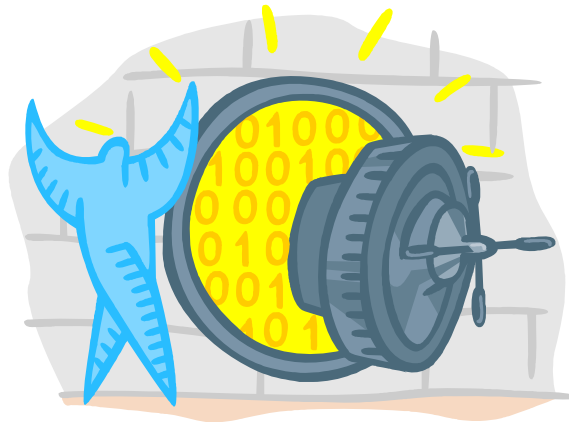
“Outstanding Membership Campaign” Membership Memories

Certificate of Excellence will be awarded to three units per region to the school displaying the best Membership Campaign. Documentation is necessary. **Up to five pages of documentation, typed, single-sided, and single or double spaced will be accepted. Documentation may include photos, newsletter, articles, letters to parents, etc.**

Outstanding Membership Campaign will be awarded to one local unit in Indiana displaying the best membership Campaign. The winner of this award comes from Certificate of Excellence winners.

Share with others your ideas of your membership campaign for 2009-2010. Your membership ideas will be shared in a book called Membership Memories that will be distributed at the 2010 Indiana PTA Convention.

- ***PLEASE NOTE: This form must be postmarked no later than February 1, 2010 to be eligible for Awards***



MEMBERSHIP DUES REMITTANCE FORM #1
ATTENTION – TREASURER AND MEMBERSHIP CHAIR
POSTMARKED OR HAND DELIVERED BY NOVEMBER 15, 2009
(All dues must be postmarked or hand delivered on time.)
The November 15 deadline must be met in order to qualify for any award.

MAKE YOUR CHECK PAYABLE TO INDIANA PTA AND ATTACH THIS FORM.

MAIL TO: Indiana PTA
2525 N. Shadeland Ave., D-4
Indianapolis, IN 46219

ATTACH COMPLETED: Membership Roster

COMPUTE PAYMENT: In accordance with Indiana PTA Bylaws

\$3.00 (State Portion)
+\$1.75 (National Portion)
\$4.75 PER MEMBER X exact
number of members shown on
membership report list.

NUMBER OF MEMBERS _____ X \$4.75
AMOUNT OF CHECK ENCLOSED: \$ _____

PTA/PTSA UNIT _____ COUNCIL (if any) _____

CITY _____ COUNTY _____ REGION _____

TREASURER'S NAME _____ ADDRESS _____ ZIP CODE _____ PHONE _____

PLEASE DO NOT SEND DUES MONEY TO THE INDIANA PTA MEMBERSHIP
COORDINATOR/CHAIR

-----Do Not Write Below This Line-----

Date _____ # of Members Reported _____

Check # _____ Amount _____

MEMBERSHIP DUES REMITTANCE FORM #2
ATTENTION – TREASURER AND MEMBERSHIP CHAIR
POSTMARKED OR HAND DELIVERED BY MARCH 15, 2010
 (All dues must be postmarked or hand delivered on time.)
The March 15 postmark date is a must to qualify for any membership awards.

MAKE YOUR CHECK PAYABLE TO INDIANA PTA AND ATTACH THIS FORM.

MAIL TO: Indiana PTA
 2525 N. Shadeland Ave., D-4
 Indianapolis, IN 46219

ATTACH COMPLETED: Additional Membership Roster
 Please show just **ADDITIONAL MEMBERS** since last report.

COMPUTE PAYMENT: In accordance with Indiana PTA Bylaws

\$3.00(State Portion)
 +\$1.75 (National Portion)
\$4.75 PER MEMBER X exact
 number of members shown on
 membership report list.

NUMBER OF **ADDITIONAL MEMBERS** _____ X \$4.75

AMOUNT OF CHECK ENCLOSED: \$ _____

ENCLOSE FOUNDER'S DAY CONTRIBUTION \$ _____

PTA/PTSA UNIT _____ COUNCIL (if any) _____

CITY _____ COUNTY _____ REGION _____

TREASURER'S NAME _____ ADDRESS _____ ZIP CODE _____ PHONE _____

National PTA and Indiana State PTA awards are based on the prompt return of the November 15 and March 15 membership report forms. (The **November 15 postmark date** is a must to qualify for any membership awards.)

MEMBERSHIP FORM #3
ATTENTION: MEMBERSHIP CHAIRMAN

Local Unit Name (As it should appear on the Awards)

Address

City

Region

Local Unit President

Local Unit President's Phone

Address

City

Zip Code

Local Membership Chair

Local Membership Chair's Phone

Address

City

Zip Code

PLEASE CHECK ANY AWARDS YOU HAVE EARNED.

- _____ 1. **100% Teacher/Principal Membership**
To be awarded to units where every full time teacher in the school and the Principal (s) are members.
- _____ 2. **25 or more Family and Friend Members**
To be awarded to units with 25 or more family/friend members. Please, do not include Principals, full time teachers, parents or guardians.
- _____ 3 **Membership increase of 25 members**
_____ 2008 – 2009 Membership as of March 15, 2009
_____ 2009 – 2010 Membership as of March 15, 2010

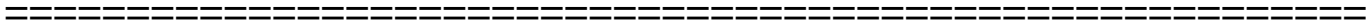
- _____4. **100% Matching Membership**
**Example – If, at the time of this report, you have 400 students enrolled and you have 400 PTA members, you have earned the 100% Matching Membership Award.*
- _____5. **(Maintaining) Last Year’s Membership**
 Had as many members this year as last year.
- _____6 **25% increase over last year’s membership**
 _____ plus an additional 25% _____ = 25% Increase
 (Number of 2008-09 members)
- _____7. **50% increase over last year’s membership**
 _____ plus an additional 50% _____ = 50% Increase
 (Number of 2008– 09 members)
- _____8. **500 or more members for two consecutive years – “The 500 Club”**

**Mail completed form to: Indiana PTA
 2525 N. Shadeland Ave., D-4
 Indianapolis, IN 46219**

- ***PLEASE NOTE: This form must be postmarked no later than March 15, 2010 to be eligible for Awards***

MEMBERSHIP CARD ORDER FORM AND INFORMATION

If you need to re-order Membership cards please fill in the following information and mail to:
Indiana PTA
2525 N. Shadeland Ave., D-4
Indianapolis, IN 46219



PLEASE SEND MEMBERSHIP CARDS TO:

Name _____ Position _____

Address _____ City _____

Zip _____ Daytime Phone () _____

PTA/PTSA _____

Address _____

City _____ Zip _____ Region _____

Date _____ Amount of Cards _____

The National PTA will be providing a membership card template for those local units that plan to print information on Membership cards. The membership card template can be located through the National PTA web site at www.pta.org

If you have questions, please call National PTA's Customer Service Department at: 312-670-6782



Date Received _____ **Number of Cards** _____

Date Mailed _____