

**Florida**  
**PTA<sup>®</sup>**

*everychild.one voice.<sup>®</sup>*

# FORMS





# 100% Faculty Award

## Local Unit Application

(Please type or print)

Date: \_\_\_\_\_  
(must be filled in to receive award)

We certify that every member of the faculty at \_\_\_\_\_ is a member of our PTA.  
Name of School

Number of Faculty: \_\_\_\_\_ (principal, assistance principals, deans, teachers, librarians/media specialists, and counselors)

**Faculty membership must be reported and dues received in the state office before March 31.  
Bylaws must be updated within 3 years to qualify for this award.**

Date Bylaws Approved: \_\_\_\_\_ (Date must be filled in to receive this award)

Name of Local Unit: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
Region

\_\_\_\_\_  
Membership Chair's Signature/email

\_\_\_\_\_  
President's Signature/email

\_\_\_\_\_  
Treasurer's Signature/email

\_\_\_\_\_  
President's Address

\_\_\_\_\_  
Principal's Signature/email

\_\_\_\_\_  
City and Zip

**Application must be received by March 31**

**Mail, Fax, or Email to**  
Florida PTA  
1747 Orlando Central Parkway  
Orlando FL 32809  
Fax: 407-240-9577  
[kay@floridapta.org](mailto:kay@floridapta.org)



# 100% Membership Award

## Local Unit Application

(Please type or print)

Date: \_\_\_\_\_  
(must be filled in to receive award)

We certify that our PTA's membership of \_\_\_\_\_ is equal to the number of families represented in our school.

Number of Students: \_\_\_\_\_

Number of Families: \_\_\_\_\_

Date Bylaws Approved: \_\_\_\_\_ (Date must be filled in to receive this award)

Name of Local Unit: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
Region

\_\_\_\_\_  
Membership Chair's Signature/email address

\_\_\_\_\_  
President's Signature/email address

\_\_\_\_\_  
Treasurer's Signature/email address

\_\_\_\_\_  
President's Address

\_\_\_\_\_  
Principal's Signature/email address

\_\_\_\_\_  
City and Zip

**Application must be received by March 31**

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Orlando FL 32809  
Fax: 407-240-9577  
[kay@floridapta.org](mailto:kay@floridapta.org)



APPLICATION
FLORIDA PTA
LOCAL UNIT ACHIEVEMENT AWARD

(Please type or print clearly)

everychild.onevoice.

July 1 - May 30

Goals help the effectiveness of an association. The success of the PTA depends on the unity of action which can best be achieved by the following basic procedures. In order to apply for this award, state and national dues must be paid before March 31 and bylaws must have been updated within the last three years. Submission for this award are limited to five (5) sheets of paper including this form.

Name of Local Unit Your Unit County Your County Region Your Region

School Type (Elementary, Middle, K-8, High or Other) Your School Type

Address Your Unit Address Zip Your Zip

Name of President Your President Phone Your President's

Address Your President's Address Zip Your President's Zip

Email Address Your President's Email School Enrollment Your school enrollment

THE FOLLOWING ARE PREREQUISITES FOR THIS AWARD.

PTA Membership as of March 31, last year 400 this year 500

Number of PTA members participating in school or PTA projects 250

Number of hours accumulated by PTA volunteers 4500

Bylaws approval date 3-18-10 (Date must be filled in to receive this award)

If PTSA, are students on your board? Yes No

Attach a copy of your PTA/PTSA Budget. Date approved 9-10-10

Was your local unit represented at the following?

Table with 4 columns: Activity, Yes, No, number attending. Rows include Leadership/Convention, Each County Council Workshop, Legislative Events, Rally in Tally, National Convention.

Does your PTA provide the following for your board members?

Table with 4 columns: Resource, Yes, No, How many?. Rows include National PTA Resource Information, Our Children, Florida PTA E-Newsletter, Kit of Materials Information.

Did your unit have a Founders Day program? Yes X No

Are teachers represented on the board? Yes X No

Had your unit had a self-study, with council or state representatives present, within the past three (3) years? Yes X No

Were treasurer's books audited? Yes X No Date: June 2011

Local Leadership Training? Yes  No  What did your unit do? Workshop for chairs

How many PTA/PTSA meetings do you have each year? 3

How many board meetings do you have each year? 10

How do you notify your membership of meetings? Newsletter, Calendar, Flyer, School Marquee

Please list your most active chairs:

- Program
- Health
- Safety
- Membership
- Legislation
- Parent Community Involvement
- Marketing and Communication

What special service projects were planned and carried out in your local unit? (Use extra page if necessary)

*Please see attached*

Please list your most successful programs this year:

*Please see attached*

**Deadline: May 1**

Mail to: Florida PTA  
1747 Orlando Central Parkway  
Orlando FL 32809

**FAXES WILL NOT BE ACCEPTED!!**

*Your President's Signature*

\_\_\_\_\_  
President's Signature

*Your Principal's Signature*

\_\_\_\_\_  
Principal's Signature



APPLICATION
FLORIDA PTA
LOCAL UNIT ACHIEVEMENT AWARD

everychild.one voice.

(Please type or print clearly)

July 1 - May 30

Goals help the effectiveness of an association. The success of the PTA depends on the unity of action which can best be achieved by the following basic procedures. In order to apply for this award, state and national dues must be paid before March 31 and bylaws must have been updated within the last three years. Submission for this award are limited to five (5) sheets of paper including this form.

Name of Local Unit County Region

School Type (Elementary, Middle, K-8, High or Other)

Address Zip

Name of President Phone

Address Zip

Email Address School Enrollment

THE FOLLOWING ARE PREREQUISITES FOR THIS AWARD.

PTA Membership as of March 31, last year this year

Number of PTA members participating in school or PTA projects

Number of hours accumulated by PTA volunteers

Bylaws approval date (Date must be filled in to receive this award)

If PTSA, are students on your board? Yes No

Attach a copy of your PTA/PTSA Budget. Date approved

Was your local unit represented at the following?

- Leadership/Convention... Yes No number attending
Each County Council Workshop... Yes No number attending
Legislative Events... Yes No number attending
Rally in Tally... Yes No number attending
National Convention... Yes No number attending

Does your PTA provide the following for your board members?

- National PTA Resource Information... Yes No How many?
Our Children... Yes No How many?
Florida PTA E-Newsletter... Yes No How many?
Kit of Materials Information... Yes No How many?

Did your unit have a Founders Day program? Yes No

Are teachers represented on the board? Yes No

Had your unit had a self-study, with council or state representatives present, within the past three (3) years? Yes No

Were treasurer's books audited? Date Yes No

Local Leadership Training? Yes \_\_\_\_\_ No \_\_\_\_\_ What did your unit do? \_\_\_\_\_

How many PTA/PTSA meetings do you have each year? \_\_\_\_\_

How many board meetings do you have each year? \_\_\_\_\_

How do you notify your membership of meetings? \_\_\_\_\_

Please list your most active chairs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What special service projects were planned and carried out in your local unit? (Use extra page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your most successful programs this year:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Deadline: May 1**

Mail to: Florida PTA  
1747 Orlando Central Parkway  
Orlando FL 32809

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Principal's Signature

**FAXES WILL NOT BE ACCEPTED!!**



# Acorn Award for Faculty Membership

## Local Unit Application

(please type or print)

Date: \_\_\_\_\_

We certify that a majority of the faculty at \_\_\_\_\_ are members of our PTA. We did not reach 100%.  
(Name of School)

**Faculty membership must be reported and dues received in the state office before March 31 to qualify for this award. Bylaws must be updated within 3 years.**

Date Bylaws Approved: \_\_\_\_\_ (Date must be filled in to receive this award)

Name of local unit: \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ County

\_\_\_\_\_ Region

Number of faculty: \_\_\_\_\_

Number of faculty enrolled: \_\_\_\_\_ (principal, assistant principals, deans, teachers, librarians/media specialists, & counselors)

\_\_\_\_\_  
Committee Chair's Signature

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Treasurer's Signature

\_\_\_\_\_  
President's Signature

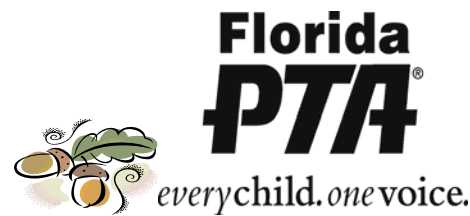
\_\_\_\_\_  
President's Address

\_\_\_\_\_  
City and Zip

**Application must be received by March 31**

**Mail, Fax, or Email to:**

Florida PTA  
1747 Orlando Central Parkway  
Orlando FL 32809  
Fax: 407-240-9577  
[kay@floridapta.org](mailto:kay@floridapta.org)



**Annual Audit Form**  
for the 20XX - 20XX School Year  
PTA/PTSA Name: Florida Elementary PTA

**SAMPLE**

**Beginning Book Balance as of** 7/1/20XX \$ \_\_\_\_\_

Income (Receipts) \$ \_\_\_\_\_  
Less: Membership Dues Paid to State/National - \$ \_\_\_\_\_

**Total Income (used for reporting to IRS)** + \$ \_\_\_\_\_

Expenses (Disbursements) \$ \_\_\_\_\_  
Less: Membership Dues Paid to State/National - \$ \_\_\_\_\_

**Total Disbursements (used for reporting to IRS)** - \$ \_\_\_\_\_

Other Adjustments:  
Plus: + \$ \_\_\_\_\_  
Less: - \$ \_\_\_\_\_

Uncleared Checks	Check Number	Amount
<b>Total Uncleared Checks</b>		\$0.00

Ending Book Balance \$0.00  
PLUS: Uncleared checks + \$0.00

**Ending Bank Balance as of** 6/30/20XX \$0.00

This is to certify that the financial records of the above PTA/PTSA have been examined by the undersigned Financial Review Committee and that all/most/some/none of the disbursements were properly made and with the required authorization. The undersigned also certify that the above ending book balance is correct. (This **MUST** be read to your general membership at the first meeting of the new school year.)

Financial Review Committee Signatures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received by President \_\_\_\_\_

\_\_\_\_\_

**SAMPLE**



**Annual Audit Form**  
 for the \_\_\_\_\_ - \_\_\_\_\_ School Year  
 PTA/PTSA Name: \_\_\_\_\_

**Beginning Book Balance as of** 7/1/ \_\_\_\_\_ \$ \_\_\_\_\_

Income (Receipts) \$ \_\_\_\_\_  
 Less: Membership Dues Paid to State/National - \$ \_\_\_\_\_

**Total Income (used for reporting to IRS)** + \$ \_\_\_\_\_

Expenses (Disbursements) \$ \_\_\_\_\_  
 Less: Membership Dues Paid to State/National - \$ \_\_\_\_\_

**Total Disbursements (used for reporting to IRS)** - \$ \_\_\_\_\_

Other Adjustments:  
 Plus: + \$ \_\_\_\_\_  
 Less: - \$ \_\_\_\_\_

Uncleared Checks	Check Number	Amount
<b>Total Uncleared Checks</b>		

Ending Book Balance \$ \_\_\_\_\_  
 PLUS: Uncleared checks + \$ \_\_\_\_\_

**Ending Bank Balance as of** 6/30/ \_\_\_\_\_ \$ \_\_\_\_\_

This is to certify that the financial records of the above PTA/PTSA have been examined by the undersigned Financial Review Committee and that all/most/some/none of the disbursements were properly made and with the required authorization. The undersigned also certify that the above ending book balance is correct. (This **MUST** be read to your general membership at the first meeting of the new school year.)

Financial Review Committee Signatures:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Received by President \_\_\_\_\_

\_\_\_\_\_

## Bylaws

### Affirmation of Bylaws (PLEASE CHECK and FILL OUT **ONLY ONE**)

- These bylaws were voted upon and passed at the general membership meeting of the

\_\_\_\_\_ PTA/PTSA on  
\_\_\_\_\_ (Date).

**OR**

- These bylaws were reviewed on \_\_\_\_\_ (Date), and no changes were made. This was reported to the general membership on \_\_\_\_\_ (Date).

Signed:

\_\_\_\_\_  
(PTA/PTSA President)

Please Print Name:

Signed:

\_\_\_\_\_  
School Principal/Administrator  
or Local Unit PTA/PTSA Secretary

### ARTICLE I: NAME

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
County

\_\_\_\_\_  
Region

The name of the association is:

\_\_\_\_\_  
Parent Teacher Association (PTA) or

\_\_\_\_\_  
Parent-Teacher-Student Association (PTSA)

\_\_\_\_\_  
Florida.

\_\_\_\_\_  
(City)

It is a local PTA/ PTSA unit organized under the authority of the Florida Congress of Parents and Teachers (the "State PTA"), a branch of the National Congress of Parents and Teachers (the "National PTA").

### ★★ARTICLE II: ARTICLES OF ORGANIZATION

The association exists as an unincorporated association of its members. Its "articles of organization" comprise these bylaws, as from time to time amended, and its articles of association, if any. In the absence of separate articles of association, the bylaws shall be deemed to be the articles of association. In the event of any conflict between these bylaws and the articles of association, these bylaws shall govern.

Do not write in this space

### ★★ARTICLE III: PURPOSES

**Section 1:** The Objects (Purposes) of the association, in common with the Objects of the National PTA are:

- To promote the welfare of children and youth in home, school, community and place of worship.
- To raise the standards of home life.
- To secure adequate laws for the care and protection of children and youth.
- To bring into closer relation the home and the school, that parents and teachers may cooperate intelligently in the education of children and youth.
- To develop between educators and the general public such united efforts as will secure for all children and youth the highest advantages in physical, mental, social and spiritual education.

**Section 2.** The Objects of this association are promoted in cooperation with the state PTA and the National PTA, through an educational program directed toward parents, teachers and the general public; are developed through conferences, committees, projects and programs; and are governed and qualified by the basic policies set forth in Article IV.

**Section 3.** The organization is organized exclusively for the charitable, scientific, literary or educational purposes within meaning of section 501(c)(3) of the Internal Revenue Code or corresponding Section of any future Federal tax code (hereinafter "Internal Revenue Code").

### ★★ARTICLE IV: BASIC POLICIES

The following are basic policies of this association.

- The association shall be noncommercial, nonsectarian and nonpartisan.
- The name of the organization or the names of any members in their official capacities shall not be used to endorse or promote a commercial concern or in connection with any partisan interest or for any purpose not appropriately related to promotion of the Purposes of the organization.
- The association shall not, directly or indirectly, participate or intervene (in any way, including the publishing or distributing of statements) in any political campaign on behalf of, or in opposition to, any candidate for public office; or devote more than an insubstantial part of its activities to attempting to influence legislation by propaganda or otherwise.
- The association shall work with the schools to provide quality education for all children and youth and shall seek to participate in the decision-making process establishing school policy, recognizing that the legal responsibilities to make decisions has been delegated by the people to boards of education.
- The organization shall not enter into membership with other organizations except such international or national organizations as may be approved by the National Board of Directors. The association may cooperate with other organizations and agencies

concerned with child welfare, but persons representing the association in such matters shall make no commitments that bind the association.

- f. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, directors, trustees, officers or other private persons except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof.
- g. Notwithstanding any other provisions of these articles, the organization shall not carry on any other activities not permitted to be carried on (i) by an organization exempt from Federal Income Tax under Section 501 (c) (3) of the Internal Revenue Code, or (ii) by an organization, contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code.
- h. Upon the dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to one or more nonprofit funds, foundations or organizations which have established their tax exempt status under Section 501 (c)(3) of the Internal Revenue Code.

## ★★ARTICLE V: MEMBERS AND DUES

**Section 1.** Membership in the PTA/PTSA shall be made available to any individual who subscribes to the Objects and basic policies of the National PTA, without regard to race, color, creed or national origin, under such rules and regulations not in conflict with the provisions of these bylaws, the bylaws of the state PTA, or the bylaws of the National PTA.

**Section 2.** Only members of the association shall be eligible to participate in the business meetings, or to serve in any of its elective or appointive positions.

**Section 3.** Every individual who is a member of this PTA/PTSA is, by virtue of that fact, a member of the National PTA and of the state PTA by which this local PTA/PTSA is chartered, and is entitled to all benefits of such membership.

**Section 4.** The association shall conduct an annual enrollment of members, but persons may be admitted to membership at any time.

**Section 5.** Each member of the association shall pay annual dues to the association. Such annual dues shall include at a minimum the amounts due to the state PTA and National PTA.

**Section 6.** The state and National PTA portions of the dues paid by each member of the association shall be set aside by the association and remitted to the state PTA through such channels and at such time as the state bylaws may provide. (Each state PTA is responsible for payment to the National PTA of the national portion of dues paid by members of the association.) The remittance to the state PTA shall be accompanied by a report, in such form as may be required by the state PTA, showing the name and address of the president of the association, the amount of dues collected during the period covered by the report, and the number of members of the association.

**#Section 7.** For the purpose of annual enrollment and awards consideration, the membership year shall be April 1 through March 31. The membership card shall be valid upon payment of dues through September 30 of the membership year.

## ARTICLE VI: OFFICERS AND THEIR ELECTION

★★**Section 1.** Each officer of this PTA/PTSA shall be a member of this PTA/PTSA.

### **Section 2. Officers and their election:**

- a. The officers of this association shall consist of a president, \_\_\_\_\_ (*number*) vice-presidents, a recording secretary, a corresponding secretary, a treasurer.
- b. Officers shall be elected by ballot annually in the month of \_\_\_\_\_. However, if there is but one nominee for any office, election for that office may be by show of membership cards or voice vote. A majority vote shall elect.
- c. With the exception of the treasurer, officers shall assume their official duties following the end of the school year and shall serve for a term of one year or until their successors are elected. The treasurer shall assume all duties after the books have been audited.
- d. A person shall not be eligible to serve more than two consecutive terms in the same office.

### **Section 3. Nominating Committee:**

- a. There shall be a nominating committee composed of \_\_\_\_\_ members (*at least three and always an uneven number*) who shall be elected by the association at a regular meeting at least one month prior to the election of officers. The president shall appoint a chair pro tem who shall call the first meeting. The committee shall elect its own chair.
- b. The nominating committee shall nominate one person for each office to be filled and report its nominees at the election meeting at which time additional nominations may be made from the floor. In order to be nominated a person must be a member of PTA.
- c. Only those persons who have consented to serve if elected shall be nominated for or elected to such office.
- d. Members of the nominating committee may be elected to office.

**Section 4. Vacancies:** A vacancy occurring in any office shall be filled for the unexpired term by a person elected by a majority vote of the executive board on which they shall serve, notice of such election having been given.

**# Section 5.** A member whose dues have not been paid at least thirty days prior to the annual election meeting may not vote in the annual election of officers.

**# Section 6.** Any person holding an elected or appointed position in this association shall serve for the designated term or until a successor is elected or appointed.

## ARTICLE VII: DUTIES OF OFFICERS

**Section 1.** The president shall preside at all meetings of the association, the executive committee and the executive board at

which the president may be present; shall perform such other duties as may be prescribed in these bylaws or assigned by the association or by the executive board; may appoint a parliamentarian and historian, with the approval of the executive board; and shall coordinate the work of the officers and committees of the association in order that the Purposes may be promoted.

**Section 2.** The vice-president(s) shall act as aide(s) to the president and shall (in their designated order) perform the duties of the president in the absence or disability of that officer to act.

- a. the 1st vice-president shall serve as \_\_\_\_\_
- b. the 2nd vice-president shall serve as \_\_\_\_\_
- c. the 3rd vice-president shall serve as \_\_\_\_\_

**Section 3.** The recording secretary shall record the minutes of all meetings of the association and of the executive committee and board and shall perform such other duties as may be delegated.

**Section 4.** The corresponding secretary shall prepare all written communications as directed by the association or by the executive board and shall perform such other duties as may be delegated.

**#Section 5.** The treasurer shall have custody of all of the funds of the association; shall keep a full and accurate account of receipts and expenditures; and shall make disbursements in accordance with the approved budget, as authorized by the association. Three signatures should be on file at the bank, with *two signatures* required on all PTA checks. The treasurer shall present a financial statement at every meeting of the association and at other times when requested by the executive board and shall make a full report at the annual meeting. The treasurer shall be responsible for the maintenance of such books of account and records as conform to the requirements of Article XIII, Section 3, of the bylaws. The treasurer's accounts shall be examined annually by an auditor or a audit committee of not less than three members who, satisfied that the treasurer's annual report is correct, shall sign a statement of that fact at the end of the report. The audit committee shall be appointed by the executive board. The committee's report shall be given at the next regular meeting after the audit is completed.

**Section 6.** All officers shall:

- a. Perform the duties prescribed in these bylaws and by the parliamentary authority adopted by this association.
- b. Deliver to their successors all official material not later than ten days following the end of the school year.

## ARTICLE VIII: GENERAL MEMBERSHIP MEETINGS

**Section 1.** Regular meetings of the association shall be held (*number of meetings*) \_\_\_\_\_ (at least three) times during the school year, unless otherwise provided by the association or by the executive board. \_\_\_\_\_ (*number*) days notice shall be given of change of date.

**Section 2.** Special meetings may be called by the executive board, \_\_\_\_\_ (*number*) days notice having been given.

**Section 3.** The last regular meeting of the association shall be held in \_\_\_\_\_ (*month*) and shall be known as the annual meeting.

**Section 4.** \_\_\_\_\_ (*number*) members (minimum of 10) shall constitute a quorum for the transaction of

business in any meeting of this association.

## ARTICLE IX: EXECUTIVE BOARD

**Section 1.** The executive board shall consist of the officers of the association, the chairs of standing committees and the principal of the school or a representative appointed by him. If constituted as a PTSA, the board shall include at least one student. The chair of the standing committees shall be selected by the officers of the association. The members of the executive board shall serve until the election and qualification of their successors.

**★★Section 2.** A PTA member shall not serve as a voting member of a constituent organization's board at the local, council, district, region, state or national level while serving as a paid employee of or under contract to that constituent organization.

**Section 3.** The duties of the executive board shall be:

- a. To transact necessary business in the intervals between association meetings and such other business as may be referred to it by the association.
- b. To create standing committees.
- c. To approve the plans of work of the standing committees.
- d. To present a report at the regular meetings of the association.
- e. To prepare and submit to the association for approval a budget for the fiscal year.
- f. To approve routine bills within the limits of the budget.

**Section 4.** Regular meetings of the executive board shall be held monthly during the school year, the time to be fixed by the board at its first meeting of the year. A majority of the executive board members shall constitute a quorum. Special meetings of the executive board may be called by the president or by a majority of the members of the board. A treasurer's report must be given at every board meeting.

## ARTICLE X: EXECUTIVE COMMITTEE

**Section 1.** The executive committee shall consist of the elected officers.

**Section 2.** The duties of the executive committee shall be to transact emergency business in the interval between executive board meetings.

**Section 3.** The majority of the executive committee shall constitute a quorum.

**Section 4.** Meetings of the executive committee shall be held as needed.

## ARTICLE XI: STANDING AND SPECIAL COMMITTEES

**Section 1.** The executive board may create such standing committees as it may deem necessary to promote the Purposes and carry on the work of the association. The term of each chair shall be one year and/or until the election and qualification of a successor.

**Section 2.** The chair of each standing committee shall present a plan of work to the executive board for approval. No

committee work shall be undertaken without the consent of the executive board.

**Section 3.** The power to form special committees and appoint their members rests with the association and the executive board.

**Section 4.** The president shall be a member ex-officio of all committees except the nominating committee.

## ARTICLE XII: COUNCIL MEMBERSHIP

### Section 1.

- a. The association shall be represented in meetings of the \_\_\_\_\_ County Council Parent-Teacher Association, as provided in the council's bylaws.
- b. Delegates and their alternates shall be selected and serve for a term of \_\_\_\_\_ to the \_\_\_\_\_ County Council of PTAs.

### Section 2.

This association shall pay annual dues to the \_\_\_\_\_ County Council of PTAs, as provided in the council's bylaws.

## ★★ARTICLE XIII: RELATIONSHIP WITH NATIONAL PTA AND STATE PTA

**Section 1.** The association is a constituent organization of the National PTA. It is organized and chartered under the authority of the state PTA, which is enabled to do so under the bylaws of the National PTA.

**Section 2.** The bylaws of this association are subject to the approval of the state PTA, and shall not conflict with the bylaws of the National PTA and the bylaws of the state PTA. Any provision of the bylaws of the association that conflicts with the bylaws of the National PTA or the bylaws of the state PTA shall be null and void.

**Section 3.** The association shall keep such permanent books of account and records as shall be sufficient to establish the items of gross income, receipts and disbursements of the association, including, specifically, the number of its members, and dues collected from its members, and the amount of dues remitted to the state PTA. Such books of account and records shall at all reasonable times be open to inspection by an authorized representative of the state PTA, or where directed by the committee on state and national relationships, by a duly authorized representative of the National PTA.

**Section 4.** The status of this association as a local PTA shall be subject to termination and its charter as a local PTA shall be subject to withdrawal, in the manner and under circumstances provided in the bylaws of the state PTA.

**Section 5.** The association is obligated, upon withdrawal of its charter by the state PTA to:

- a. Yield up and surrender all its books and records and all of its assets and property to the state PTA or such agency as may be designated by the state PTA, or to another local PTA organized under the authority of the state PTA.
- b. Cease and desist from further use of any name that implies or connotes association with the National PTA or the state PTA or status as a constituent organization of the National PTA.

- c. Carry out promptly, under the supervision and direction of the state PTA, all proceedings necessary or desirable for the purpose of dissolving this association.

**Section 6.** This association shall collect dues from its members and shall remit a portion thereof to the state PTA as provided in Article V.

## #ARTICLE XIV: FISCAL YEAR

The fiscal year of the association shall begin on July 1 and end on the following June 30.

## ★★ARTICLE XV: PARLIAMENTARY AUTHORITY

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the association in all cases in which they are applicable and in which they are not in conflict with these bylaws and those of the state PTA and the National PTA, the Articles of Incorporation or the Nonprofit Corporation Act under which the association may be incorporated.

## #ARTICLE XVI: AMENDMENTS

### Section 1.

- a. These bylaws may be amended at any regular meeting of the association by a two-thirds vote of the members present and voting, provided that notice of the proposed amendment shall have been given at least 30 days prior to the meeting at which the amendment is voted upon and that the proposed amendment shall be subject to approval of the state PTA.
- b. The amendment shall become effective upon receipt of approval from the state bylaws chair.
- c. A committee may be appointed to submit a revised set of bylaws as a substitute for the existing bylaws only by a majority vote at a meeting of the association, or by two-thirds vote of the executive board. The requirements for adoption of a revised set of bylaws shall be the same as in the case of an amendment.
- d. Submission of amendments or revised bylaws for approval by the state PTA shall be in accordance with the bylaws or regulations of the state PTA.

### Section 2.

- a. The association shall include in its bylaws provisions corresponding to the provisions of the bylaws of the National PTA that are identified therein by a double star. The adoption by the National PTA of an amendment to any of the "double-starred" provisions of its bylaws shall serve automatically and without the requirement of further action by the association to amend correspondingly the bylaws of the association.
- b. The adoption of an amendment to the articles and sections of the bylaws of the Florida PTA that bear the # symbol shall automatically amend the bylaws of the association to conform to the action taken by the state convention.
- c. Notwithstanding the automatic character of the amending process, the association shall take action promptly to incorporate such amendments in its bylaws.



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# Florida PTA Community Membership Award Application

(Please type or print)

Date: \_\_\_\_\_

Name of Local Unit: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_ Region: \_\_\_\_\_

**Criteria for award:** 25 members from the community, in addition to parents, teachers, administrators, grandparents, etc. (Local unit to set the dues. Issue one membership card to the owner of the business, place of worship, or community leader.

Date Bylaws Approved: \_\_\_\_\_  
(Date must be filled in to receive this award)

\_\_\_\_\_/\_\_\_\_\_  
Committee Chair's Signature/email

\_\_\_\_\_/\_\_\_\_\_  
President's Signature/email

\_\_\_\_\_/\_\_\_\_\_  
Principal's Signature/email

\_\_\_\_\_  
President's Address

\_\_\_\_\_  
City and Zip

**Applications must be received by March 31**

**Mail, Fax or Email to:**  
Florida PTA, 1747 Orlando Central Parkway, Orlando FL 32809  
407-240-9577  
[kay@floridapta.org](mailto:kay@floridapta.org)



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# State and National Dues Payment Form

For the Local PTA Treasurer

Use this form for membership dues and Founder's Day Gifts **ONLY**

**-NOT** for additional cards-

Please copy this form as needed.

PTAs are legally required to send membership payments to the state office **MONTHLY** or **AS COLLECTED**. State and National dues should never be used as a means of funds for local units and be considered a part of the local unit's budget. As of **March 31<sup>st</sup>**, PTAs not having paid any dues will be considered inactive and appropriate action will be taken. Any late dues received after **March 31<sup>st</sup>** will not be credited to the current school year. For the Reflections Program, some dues need to be paid to the State Office by December 15<sup>th</sup> of the submitting school year. This does not mean County Council dues. Your county may require that their dues be paid by their submitting date.

Each person joining the PTA automatically becomes a member of the state and national organization. The state portion of a member's dues is \$1.25; the National portion is \$2.25.

Each officer receives a free subscription to the *Florida PTA eNewsletter*.  
Each president receives a free subscription to National PTA's *Our Children*.

**Please Fill Out Completely**

**SAMPLE SAMPLe SAMPLe SAMPLe SAMPLe SAMPLe SAMPLe**

Date	1/1/20XX	Members 275	Members @ \$3.50 each	\$ 962.50
National PTA ID#	(fill in your #)	How Many 1	Founder's Day Gift	\$ amount at local unit discretion
	<b>(This column must be filled out)</b>		<b>Total Amount Enclosed</b>	\$XXX.XX Total of Membership & Founders Day

County	County Name	Phone	(XXX) XXX-XXXX
Name of PTA	PTA Name	City	PTA City
School Address	Mailing Address	ZIP	PTA Zip

**(Must be filled out)**

President's Name/email	<b>Jane PTA /Jane@gmail.com</b>	Phone	(XXX) XXX-XXXX
Treasurer's Name/email	<b>John PTA/John@gmail.com</b>	Phone	(XXX) XXX-XXXX

Make checks payable to Florida PTA and mail to: **Florida PTA**  
1747 Orlando Central Parkway  
Orlando, Fl. 32809

Please **DO NOT** staple or tape check to this form.

**Please note: There is a \$35.00 charge for returned checks. Be sure signatures are correct. Be sure to send the correct amount — refunds will NOT be paid when the wrong amount is sent.**



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# State and National Dues Payment Form

For the Local PTA Treasurer

Use this form for membership dues and Founder's Day Gifts **ONLY**

**-NOT** for additional cards-

Please copy this form as needed.

**PTAs are legally required to send membership payments to the state office MONTHLY or AS COLLECTED. State and National dues should never be used as a means of funds for local units and be considered a part of the local unit's budget. As of **March 31<sup>st</sup>**, PTAs not having paid any dues will be considered inactive and appropriate action will be taken. Any late dues received after **March 31<sup>st</sup>** will not be credited to the current school year. For the Reflections Program, some dues need to be paid to the State Office by **December 15<sup>th</sup>** of the submitting school year. This does not mean County Council dues. Your county may require that their dues be paid by their submitting date.**

Each person joining the PTA automatically becomes a member of the state and national organization. The state portion of a member's dues is \$1.25; the National portion is \$2.25.

Each officer receives a free subscription to the *Florida PTA eNewsletter*.  
Each President receives a free subscription to National PTA's *Our Children*.

**Please Fill Out Completely**

Date		Members	Members @ \$3.50 each	\$
National PTA ID#			Founder's Day Gift	\$
	<b>(This column must be filled out)</b>		<b>Total Amount Enclosed</b>	\$

County		Phone	
Name of PTA		City	
School Address		ZIP	

**(Must be filled out)**

President's Name/ email		Phone	
Treasurer's Name/email		Phone	

Make checks payable to Florida PTA and mail to: **Florida PTA**  
1747 Orlando Central Parkway  
Orlando, FL 32809

Please **DO NOT** staple or tape check to this form.

**Please note: There is a \$35.00 charge for returned checks. Be sure signatures are correct. Be sure to send the correct amount — refunds will NOT be paid when the wrong amount is sent.**

For Office use only





# Friends Of The Environment Award

Deadline: May 1

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Name of Local Unit		
Address of Local Unit		
City, Zip Code		
Name of Person Completing Form		
Position in Local Unit		
Local Unit President's Name		
President's Signature		
Daytime Phone Number		
Nighttime Phone Number		E-mail Address
Date Bylaws Approved	Must be filled in to receive this award	
Title of Project		
On an attached sheet	In no more than 500 words, describe the goal(s) of your environmental project.	
	In no more than 500 words, describe the benefits of your environmental project	
	Sketch out a timeline or plan of work	
	Aside from PTA, list the important individuals and organizations who participated in or supported the project	
	Additional comments?	

Mail Application to:  
(Faxes will not be accepted)

Florida PTA  
1747 Orlando Central Parkway  
Orlando FL 32809  
Attn: Environmental Chair





# Grandparent Silver/Gold Membership Award Application

(Please type or print)

Date: \_\_\_\_\_

Name of Local Unit: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Region: \_\_\_\_\_

Date Bylaws Approved: \_\_\_\_\_  
(Date must be filled in to receive this award)

**Criteria for Award:** Indicate whether applying for silver or gold award

- PTA with 10-24 Grandparent Members (Silver)**
- PTA with 25+ Grandparent Members (Gold)**

\_\_\_\_\_/\_\_\_\_\_  
Committee Chair's Signature / e-mail

\_\_\_\_\_/\_\_\_\_\_  
President's Signature / e-mail

\_\_\_\_\_/\_\_\_\_\_  
Principal's Signature / e-mail

\_\_\_\_\_  
President's Address

\_\_\_\_\_  
City and Zip

**Application must be received by March 31**

**Mail, Fax or Email to:**

Florida PTA

1747 Orlando Central Parkway

Orlando FL 32809

Fax: 407-240-9577

[kay@floridapta.org](mailto:kay@floridapta.org)



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# Application History Walk of Fame

(Please Type or Print)

Date: \_\_\_\_\_

I (We) \_\_\_\_\_ / \_\_\_\_\_  
Name of Contributor E-mail address

\_\_\_\_\_ / \_\_\_\_\_  
Street Address

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City County Zip

Enclose check made out to Florida PTA in the amount of \$ \_\_\_\_\_ (\$100 per name per brick)

Date of Certificate Presentation: \_\_\_\_\_

In **HONOR** of: \_\_\_\_\_ / \_\_\_\_\_  
Name of Honoree E-mail address

\_\_\_\_\_ / \_\_\_\_\_  
Street Address

\_\_\_\_\_ / \_\_\_\_\_  
City Zip

In **MEMORY** of: \_\_\_\_\_  
Name of Deceased

Mail Acknowledgment to: \_\_\_\_\_ / \_\_\_\_\_  
Name email address

\_\_\_\_\_ / \_\_\_\_\_  
Street Address

\_\_\_\_\_ / \_\_\_\_\_  
City Zip



**BRICK WORDING:**  
(ONE character per space)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Application
HONORARY STATE LIFE MEMBERSHIP
(Please Type or Print)

Date: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_ /email address \_\_\_\_\_

Home Address: \_\_\_\_\_

City County Zip Daytime Phone

Honored by: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_

Since the above information will appear on the certificate, be sure it is complete and accurate.

Life Membership (includes certificate, pin, and wallet Identification card) ..... \$75.00

Leatherette Frame (add \$7.00)

Above items should be sent to:

Name
Mailing Address
City Zip

Application sent by:

Name and Telephone Number



Application
'IN MEMORY OF ...' or 'IN HONOR OF...'
(Please Type or Print)

Date: \_\_\_\_\_

I (or We)

Name of Contributor(s) / email address

Street Address City Zip

Enclose check made out to Florida PTA in the amount of \$ \_\_\_\_\_

In MEMORY of: Name of deceased

In HONOR of Name of Honoree

MAIL ACKNOWLEDGEMENT TO:

Name

Address

City Zip

An appropriate acknowledgement will be mailed to the honoree or to the family of the deceased informing them of your gift to the Florida PTA. The amount is not mentioned. Unless otherwise specified, the net proceeds from your contribution will go into the Scholarship Fund, after covering expenses.

Mail to: Florida PTA, 1747 Orlando Central Parkway, Orlando FL 32809

Return Immediately to:



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**Florida PTA  
1747 Orlando Central Parkway  
Orlando FL 32809**

## **Internal Revenue Exempt from Income Tax**

This authorizes the Florida PTA (Florida Congress of Parents and Teachers, Inc.) to add the name of: \_\_\_\_\_ PTA to the roster to be sent to the Internal Revenue Service for Federal Income Tax Exemption Purposes.

\_\_\_\_\_  
/\_\_\_\_\_  
President's Name President's E-mail

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City and Zip Code County

\_\_\_\_\_  
/\_\_\_\_\_  
Treasurer's Name Treasurer's E-mail

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City and Zip (\_\_\_\_\_) Phone Number

Important! You are required to fill in the blank below!

Gross Income as of June 30th, 2011 \$ \_\_\_\_\_

Federal ID (EIN) Number \_\_\_\_\_  
(9 Digit Number - **MUST** be filled in; it is required by the IRS)



## Local Unit Information

School Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

School/PTA Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

### Local Unit Checklist for Success

\_\_\_\_\_ Bylaws update and adoption Year: \_\_\_\_\_ **(bylaws MUST be renewed every 3 years)**

\_\_\_\_\_ Financial Review Audit conducted: Date: \_\_\_\_\_

\_\_\_\_\_ Local Unit EIN: \_\_\_\_\_

\_\_\_\_\_ National PTA Local Unit ID Number: \_\_\_\_\_

\_\_\_\_\_ New Presidents/Officers Form sent to Florida PTA and to your County Council or Region Representative.  
(Required of NEW and RETURNING Presidents. Will be emailed to current presidents.) See Section 10.

\_\_\_\_\_ List of three (3) designated check signers. Two signatures required on all checks.

\_\_\_\_\_ Budget approved and adopted by your general membership. Date: \_\_\_\_\_

\_\_\_\_\_ Council Dues paid. Date: \_\_\_\_\_

\_\_\_\_\_ Attend Council/Region PTA Workshop and Training

\_\_\_\_\_ Membership dues sent to FPTA monthly.

\_\_\_\_\_ Unused membership cards returned by March 31.

\_\_\_\_\_ Received and dispersed Reflections information

\_\_\_\_\_ Attend at least two (2) Council meetings/events.

\_\_\_\_\_ Attend a FPTA state-wide event. (i.e., State Legislative Activities in Tallahassee, Leadership/Convention)

\_\_\_\_\_ Review Nominating Committee Information and set date for Nominating Committee election

\_\_\_\_\_ Date of Nominating Committee Election: \_\_\_\_\_

\_\_\_\_\_ Submit State and Council Awards Application. Due date: \_\_\_\_\_

\_\_\_\_\_ Upcoming year officer elections. Date: \_\_\_\_\_

\_\_\_\_\_ Attend County Council Banquet. Date: \_\_\_\_\_



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## Request for Additional Membership Cards Membership Card Information

The pink slip included with your membership cards will show the number of membership cards sent to you. Please verify and call the state office **IMMEDIATELY** if there is a difference of 25 or more in the amount of cards noted and the cards received. **They MUST be accounted for**; states are required by the National PTA to account for cards, therefore, any unused membership cards **MUST** be returned and received by the state office by **March 31st**. If you need additional cards, fill out the form below and mail to the state office.

### Federal Identification Number and NPTA Number

The label on the Kit of Materials envelope lists your **9 digit Federal Identification Number (EIN)** and **8 digit NPTA number**. Record both numbers for your records. The NPTA number is required for the membership cards and the Federal Identification Number is required for banking purposes.



## Additional Membership Cards Form

PTA Name \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Treasurer **MUST** remit state and national dues (\$3.50 per person), for cards previously received, before requesting additional cards. **Please use the State and National Dues Payment Form located in the State Office section in the Kit of Materials and on the website, [www.floridapta.org](http://www.floridapta.org), when remitting dues.**

(Check and Payment form for previously received membership cards may be included with this form.)

Number of additional cards needed \_\_\_\_\_.

This will be your return label. Print clearly and give your complete address with zip code.

Name of PTA:

Mail to:


City

State

Zip



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### Mentor - A - PTA Award

Application

Name of PTA: \_\_\_\_\_ Region: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

**Criteria:** Local unit mentors a PTA. PTA provides a helping hand to its mentored PTA in the implementation of the PTA Purposes and Goals.

Date Bylaws Approved: \_\_\_\_\_

(Date MUST be filled in to receive this award)

Name of Mentored PTA: \_\_\_\_\_ Region: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Date of Partnership: \_\_\_\_\_

Reason for Mentoring: \_\_\_\_\_

Type of Assistance Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

Principal of PTA/email

\_\_\_\_\_/\_\_\_\_\_

Principal of Mentored PTA/email

\_\_\_\_\_/\_\_\_\_\_

President of PTA/email

\_\_\_\_\_/\_\_\_\_\_

President of Mentored PTA/email

\_\_\_\_\_  
Address of President (Mentor)

**Application MUST be Received on or before May 1.**

**Mail, Fax or Email to:**

Florida PTA, 1747 Orlando Central Parkway, Orlando FL 32809

407-240-9577

[kay@floridapta.org](mailto:kay@floridapta.org)



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**Attention 2011-2012 New and Returning Officers!**

Immediately upon completion of the election of officers, please send the following information to: Florida PTA, 1747 Orlando Central Parkway, Orlando FL 32809 Or via Email to [info@floridapta.org](mailto:info@floridapta.org) (Please Print Legibly)

**FULL NAME OF PTA (no initials):** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_ **National PTA #:** \_\_\_\_\_

*This information must be submitted, even if an officer is elected to a second term!*

President's Information	Treasurer's Information	Secretary's Information
NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
CITY/ZIP:	CITY/ZIP:	CITY/ZIP:
E-MAIL:	E-MAIL:	E-MAIL:
HOME PHONE:	HOME PHONE:	HOME PHONE:
OTHER PHONE:	OTHER PHONE:	OTHER PHONE:

Your email address is **REQUIRED!** You will not receive communications from the FPTA Board of Directors or state office if an email is not provided.

**NOTE: You will NOT receive the Kit of Materials and/or Membership Cards until you provide us with the above information!**

# Florida PTA Order Form



Name of PTA: \_\_\_\_\_

Name of Purchaser/email: \_\_\_\_\_ / \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Item Description	Quantity	Cost	Total Cost

**If you are tax exempt,  
a copy of your tax exempt certificate  
must accompany your order.**

Sub-Total: \_\_\_\_\_

Tax (6.5%): \_\_\_\_\_

Shipping: \_\_\_\_\_

Total Due: \_\_\_\_\_

<b><u>Freight and handling Charges</u></b>	
Under \$10.00 .....	\$4.00
\$10.01 - \$20.00 .....	\$5.00
\$20.01 - \$30.00 .....	\$6.00
\$30.01 - \$40.00 .....	\$7.00
\$40.01 - \$50.00 .....	\$7.75
\$50.01 and over .....	\$8.50

Make Check Payable and Mail to:

**Florida PTA**  
1747 Orlando Central Parkway  
Orlando FL 32809

*Please copy this form and use with  
each order!*



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# Our Founders Cared Award

## Application

(Please type or print)

**Criteria for Award: Any local unit that has five (5) past presidents from their unit as current members can apply for the award.**

Name of PTA: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Bylaws Approved: \_\_\_\_\_  
(required to receive this award)

List the five past presidents who are current members: (Only list names ONCE, even if office held for multiple terms)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
President's Signature/email

\_\_\_\_\_  
Principal's Signature/email

\_\_\_\_\_  
Membership Chair's Signature/email

\_\_\_\_\_  
Date

**Application must be received by March 31**

Mail, Fax, or Email to:  
Florida PTA  
1747 Orlando Central Parkway  
Orlando FL 32809  
Fax: 407-240-9577  
[kay@floridapta.org](mailto:kay@floridapta.org)





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# Outstanding Principal of the Year Nomination Form

Behind every successful PTA, there is a school principal who is supportive, helpful and personally involved in the PTA. To recognized the principal who best fits this description, Florida PTA honors an *Outstanding Principal of the Year*. If your principal promotes the Purposes and Mission of the Florida PTA and encourages the use of the National Standards for Parent/Family Involvement, please complete this form and submit to Florida PTA. A panel of judges will select one winner for the state of Florida.

1. Name of Principal: \_\_\_\_\_/email \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 School Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 School Website: \_\_\_\_\_ PTA Council: \_\_\_\_\_  
 Name of PTA/PTSA making nomination: \_\_\_\_\_  
 Name of President: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

Elementary School:  Middle School:  High School:  Other:

Bylaws Approval Date: \_\_\_\_\_(must be completed to receive award)

2. Does the Principal encourage the PTA to receive training, attend council, district and state events?  
 Yes  No  If Yes, please explain how: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Does the Principal participate in PTA/PTSA activities on a regular basis, in addition to attendance at regular meetings?  
 Yes  No  If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Does the Principal participate in PTA/PTSA activities in the following ways:

a. Attends local unit meetings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Attends Executive PTA/PTSA meetings on a regular basis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Attend Council Meetings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Attend State PTA functions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Attend National Convention	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Holds current PTA/PTSA membership	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. Brief summary (limited to 10 sentences) of the nominated outstanding principal's role in the PTA - including: participation and contributions to the PTA and its programs, leadership, assistance and encouragement of the PTA and its program;

6. Brief summary (limited to 10 sentences) of the Impact of the nominated outstanding principal on students, parents and other faculty. Why is this principal outstanding?

7. Nomination Letter (minimum of 1 but may include more)

**Mail Application to: Florida PTA, 1747 Orlando Central Parkway, Orlando FL 32809**  
**Application Deadline: May 1st**  
**(Faxes & email will not be accepted)**



## Plan of Work

Name of PTA: \_\_\_\_\_

Officer/Chairman Name: \_\_\_\_\_

Position: \_\_\_\_\_ Year: \_\_\_\_\_

Responsibilities/Duties:		
Goal:		
Specific Action Steps:	Start Date:	Completion Date:
Budget:	Proposed/Approved	Amount Spent
Approved Budgeted Line item :		
Resources:		
Evaluation Process:		
Committee Members:		

Plan approved date: \_\_\_\_\_ President's Signature: \_\_\_\_\_



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# Application FLORIDA PTA PRESIDENT'S AWARD OF HONOR

(Please Type or Print)

Date: \_\_\_\_\_

Name of Recipient: \*

\_\_\_\_\_/\_\_\_\_\_  
Home Address: E-mail address

\_\_\_\_\_

City County Zip Daytime Phone #

Honored by:  
\_\_\_\_\_

Date of Presentation: \_\_\_\_\_

Since the above information will appear on the certificate, be sure it is complete and accurate.

President's Award of Honor (includes certificate) - - - \$30.00

Above items should be sent to:

\_\_\_\_\_/\_\_\_\_\_  
Name E-mail address

\_\_\_\_\_

City Zip Daytime Telephone Number

(Recipient must already have a Florida PTA Honorary Life Membership to be eligible for this award.)

Mail to: Florida PTA, 1747 Orlando Central Parkway, Orlando FL 32809



# Program Award Application

Please type or print

Name of PTA (or council): \_\_\_\_\_ Elementary: \_\_\_\_ Middle: \_\_\_\_ High: \_\_\_\_ Other: \_\_\_\_  
School Address \_\_\_\_\_  
School Telephone \_\_\_\_\_ Email Address \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Region: \_\_\_\_\_

**Criteria:** Reports must be postmarked no later than May 1. Program must be **issue oriented** and not less than 30 minutes.

Date Bylaws Approved: \_\_\_\_\_ (Date must be filled in to receive this award)

Date(s) of program: \_\_\_\_\_ Subject or title of program: \_\_\_\_\_

List names/titles of program presenters:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Use up to three separate sheets of paper to answer the following questions.  
(Please retype the question on your answer sheet.)

1. Give a brief outline of the program.
2. Why was the program chosen/what was its purpose?
3. How did it meet PTA goals?
4. What percent(%) of the student body did it affect?
5. Was the community involved and how?
6. Number of persons in attendance (for information purposes only – will not be used in judging).

List sources of materials for presentation and/or distribution:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please attach any program materials or media coverage – up to an additional seven pages.

Total length of program: \_\_\_\_\_

Name of President: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Committee Chair: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Name of co-sponsor(s), if applicable: \_\_\_\_\_ Email: \_\_\_\_\_

**Applications must be received on or before May 1st**  
**Mail to: Florida PTA, 1747 Orlando Central Parkway, Orlando, FL 32809**  
**FAXES and EMAIL WILL NOT BE ACCEPTED!!**



# Promoting Communications Excellence Award Application

Name of Local Unit:		Date:	
Address:	City:	ZIP:	
County:	Region:	Elementary:	Middle: High: Other:
Name of President:		Phone:	
Street Address:	City:	ZIP:	
Email Address:			

**Does your unit have the following means of communication available for members:**

Newsletter	Yes	No
Website	Yes	No
Telephone reminder system	Yes	No
Posting area at school for PTA notices	Yes	No
Email communication system	Yes	No
Flyer system	Yes	No

**Does your website have:**

Link to state and national PTA websites	Yes	No
Link to school district	Yes	No
Link to county council (if applicable)	Yes	No
Minutes from meetings	Yes	No
Newsletter	Yes	No
Events calendar	Yes	No
Officer contact information	Yes	No
PTA background information (mission, purpose, benefits of membership, etc.)	Yes	No

**Does your PTA provide the following for your board members:**

National PTA resource information	Yes	No
Our Children (publication of National PTA)	Yes	No
Florida PTA eNewsletter	Yes	No
Kit of Materials information	Yes	No

Does your PTA hold regular meetings (at least 3)?	Yes	No
Does your PTA Board hold monthly meetings?	Yes	No
Does you PTA send press releases/pictures to the newspaper?	Yes	No

**Other forms of communication that your PTA uses (attach up to 2 additional pages of examples)**

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**(Deadline: May 1)**

Mail, eMail, or Fax to:

Florida PTA  
 1747 Orlando Central Parkway  
 Orlando FL 32809  
 FAX 407-240-9577  
[kay@floridapta.org](mailto:kay@floridapta.org)

\_\_\_\_\_  
 President's Signature

\_\_\_\_\_  
 Principal's Signature

# PTSA Recognition Award Guidelines

## Goals of the Award

- To encourage local units and county councils to have a defined student representative position.
- To further the Florida PTA's goal of increasing effective student involvement.
- To provide recognition for those units and councils that transition to a PTSA.

- The submitting unit must have changed its designation from PTA to PTSA in its bylaws no earlier than one year prior to the deadline for this award.
- Bylaws must be approved by the state to be considered valid.

## Awards

- Units will receive recognition by the Florida PTA President and chair of the PTSA committee at the state convention.

## Application

- Please complete the application below.
- The application must be signed by the unit president and the student representative.
- No additional pages or inserts will be accepted.

## Eligibility

- Each secondary (middle school and high school), newly formed PTSA or county council PTSA may submit one application.

## Deadline

- Applications must be received on or before May 1st.

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## PTSA Recognition Award

Local Unit/County Council Name: \_\_\_\_\_

Date Bylaws Approved: \_\_\_\_\_ (Date MUST be filled in to receive this award)

Person(s) Submitting: \_\_\_\_\_

Relationship to Unit: \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> New Middle School PTSA | <input type="checkbox"/> Re-Constituted Middle School PTSA |   |
| <input type="checkbox"/> New High PTSA          | <input type="checkbox"/> Re-Constituted High School PTSA   | <input type="checkbox"/> County Council |

President: \_\_\_\_\_

President's Address: \_\_\_\_\_

President's Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

School Name: \_\_\_\_\_

Principal: \_\_\_\_\_ Email: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: (\_\_\_\_\_) \_\_\_\_\_

Total Number of Students in School: \_\_\_\_\_

Total Number of Student Members in PTSA: \_\_\_\_\_

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Student Representative's Signature

Mail, Fax, or Email Application to: **Florida PTA, 1747 Orlando Central Parkway, Orlando FL 32809**  
Fax: 407-240-9577 [kay@floridapta.org](mailto:kay@floridapta.org)





PTA Name \_\_\_\_\_  
**Request For Check Reimbursement**

Check Payable to: \_\_\_\_\_

Amount: \_\_\_\_\_

Reason: \_\_\_\_\_

Please attach all receipts

Submitted by: \_\_\_\_\_ Approved by: \_\_\_\_\_

**For Treasurer's Use Only**

Budget Category: \_\_\_\_\_

Check Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Date Posted: \_\_\_\_\_



PTA Name \_\_\_\_\_  
**Request For Check Reimbursement**

Check Payable to: \_\_\_\_\_

Amount: \_\_\_\_\_

Reason: \_\_\_\_\_

Please attach all receipts

Submitted by: \_\_\_\_\_ Approved by: \_\_\_\_\_

**For Treasurer's Use Only**

Budget Category: \_\_\_\_\_

Check Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Date Posted: \_\_\_\_\_

**Making Safety A PTA/PTSA Priority**

The Florida PTA believes that the safety of children is of critical importance. The need to provide parents and out communities with information on keeping children safe has become a priority. All local units and county councils are encouraged to offer effective safety programs and to participate in the following:

**Florida PTA Safety Award**

- One award plaque will be given to one local unit in each grade level K-5, 6-8 and 9-12, and
- One award plaque will be given to a county council PTA.

**Applications will be evaluated on:**

- Types of safety programs and activities conducted.
- Safety information provided to parents and community members.
- Local unit participation in safety observances.
- Impact of safety programs to students, parents, school staff, and community.
- Resources used to plan, conduct, implement and evaluate safety programs and activities.

**Applications for the Florida PTA Safety Award must be received  
in the state office no later than May 1st.**

**Florida PTA Safety Award**

Application Form



everychild.one voice.

**Rules for this award:**

To be eligible for consideration, complete form in its entirety. All applications must be received by the Florida PTA Healthy and Safe Children Committee on or before: **May 1**. Send all applications to **Florida PTA, 1747 Orlando Central Parkway, Orlando FL 32809**.

**Section I**

PTA Name: \_\_\_\_\_ Local Unit:  K-5  6-8  9-12  County Council

Date Bylaws Approved: \_\_\_\_\_ (Date MUST be filled in to receive this award)

President's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**Section II**

Please submit a separate sheet with your application answering the following. Please retype each question on your answer sheet before each answer.

1. Describe **all** safety programs and activities conducted between \_\_\_\_ 2011 and \_\_\_\_ 2012. (Agendas and handouts may be attached). (50 points)
2. Describe **all** safety information given to parents which was utilized as Safety Awareness Tip. (Attach Copies) (20 Points)
3. Describe how your PTA participated in a recognized safety observance (i.e., - National Fire Prevention, SAFE KIDS, Child Abuse Prevention, D.A.R.E., Red Ribbon Week, etc.) (10 Points)
4. Describe how your safety programs and activities benefited the school community. (10 Points)
5. List what resources were used to plan, conduct, implement and evaluate your PTA's safety programs and activities. (10 Points)

**Local Unit  
Student Advocate Award**  
(Attach Additional Information)



Date Bylaws Approved: \_\_\_\_\_  
(Date must be filled in to receive this award)

Name of Student: \_\_\_\_\_/Email: \_\_\_\_\_

School/County: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Name of PTA: \_\_\_\_\_

Nominator's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**Attach This Form to Student Essay**

**Application MUST be received by May 1st.  
Faxes and email will NOT be accepted.  
Mail to:  
1747 Orlando Central Parkway, Orlando FL 32809**

**County Council  
Student Advocate Award**  
(Attach Additional Information)



Date Bylaws Approved: \_\_\_\_\_  
(Date MUST be filled in to receive this award)

Name of Student: \_\_\_\_\_/email \_\_\_\_\_

School/County: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Name of PTA: \_\_\_\_\_

Nominator's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**Attach This Form to Student Essay**

**Application MUST be received by May 1st.  
Faxes and email will NOT be accepted.  
Mail to:  
1747 Orlando Central Parkway, Orlando FL 32809**



## Florida PTA Student Community Service Award

Application  
(Please Type or Print)

Date: \_\_\_\_\_

Name of PTA: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Region: \_\_\_\_\_

### **Criteria for Award:**

Five or more students participating in a service project deemed noteworthy of recognition by the local PTA.

Date Bylaws Approved: \_\_\_\_\_ (Date MUST be filled in to receive this award)

Name of Group: \_\_\_\_\_

Type of Service: \_\_\_\_\_  
(Attach separate sheet if necessary)

Number of Participants: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Is this project  one time or  ongoing?

Date of Service: \_\_\_\_\_

\_\_\_\_\_  
Group Representative Signature

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
President's Address

\_\_\_\_\_  
City and Zip

\_\_\_\_\_  
Email Address



## Florida PTA Student Involvement Award

2011-2012 Application

Local Unit/County Council Name: \_\_\_\_\_

Person(s) Submitting: \_\_\_\_\_

Relationship to Unit: \_\_\_\_\_

Middle/Junior High School PTSA     Senior High PTSA     County Council     Other

Date Bylaws Approved: \_\_\_\_\_ (Date MUST be filled in to receive this award)

President: \_\_\_\_\_

President's Address: \_\_\_\_\_

President's Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

School Name: \_\_\_\_\_

Principal: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: (\_\_\_\_\_) \_\_\_\_\_

Total Number of Students in School: \_\_\_\_\_

Total Number of Student Members in PTSA: \_\_\_\_\_

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Student Representative's Signature

### Selection Criteria

*Point values are indicated in parenthesis after each question. (Total points: 100)*

1. What were your units goals for student involvement? How did your unit achieve these goals? (15 Points)
2. Describe your unit's programs that involved students. Include timelines, goals, plans of work, evaluations, etc? (15 Points)
3. Describe your unit's most outstanding program that involved students. (25 Points)
4. Explain how students were involved in the planning and implementation of your unit's activities. Provide specific examples. (15 Points)
5. How did your unit recruit student members? What efforts have you made to retain them? (15 Points)
6. Explain how student involvement has benefited your unit and its members (both adults and students). (15 Points)

**Mail Application to: Florida PTA, 1747 Orlando Central Parkway, Orlando FL 32809  
Attn: Student Involvement Award  
Faxes and email will NOT be accepted.**



# Study-Discussion Group Award

Award Application  
(Please type or print)

Date: \_\_\_\_\_

Form must be completely filled out to be considered for the award.

Name of PTA (or Council): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Region: \_\_\_\_\_  
(Report completed studies only. List each on separate forms. Fill out completely.)

**Criteria for gaining credit:** Same five or more members must be in attendance for at least two hours. **This is not an activities award but an issue-oriented Study Discussion Award.** (Leadership/Convention, Legislative Events may count for study-discussion group credit.)

Date Bylaws Approved: \_\_\_\_\_  
(Date must be filled in to receive this award)

**We request credit for:**

Subject of Study: \_\_\_\_\_

Type of Study:

- PTA Organization       Basic Parent Education       Self-Study       FPTA Platform       Other

List materials and sources used for study:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Applications  
must be received on or before  
May 1st**

**Mail, Fax, or email to:  
Florida PTA  
1747 Orlando Central Parkway  
Orlando FL 32809  
Fax: 407.240.9577  
[kay@floridapta.org](mailto:kay@floridapta.org)**

List names and titles of study-discussion group leaders:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

You must give a brief description, using an extra sheet of paper if necessary. If possible, attach outline and any media coverage.

Dates of meetings: \_\_\_\_\_ 20\_\_\_\_\_

Sponsored by:     Local Association       County Council       Co-Sponsored

Name of Co-Sponsor: \_\_\_\_\_

Number of your members attending at least two hours: \_\_\_\_\_ Total length of study hours: \_\_\_\_\_

Type of local association:

- City     Rural     Consolidated     Elementary     Junior High     Senior High     Other

(Please type or print)

Name of President: \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Chair: \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_ Email \_\_\_\_\_



# FLORIDA PTA SUPERMEN Award



Florida PTA is excited to announce the creation of this award which will reward those local units who focus on ways to engage the fathers, stepfathers, grandfathers, uncles, mentors, business partners, etc. and help them to become more involved and connected.

To qualify for this award in 2011-2012, any local unit in good standing must increase their male membership by **25** persons.  
You may apply at any time during the 2011 – 2012 membership campaign.

## APPLICATION

Local Unit Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Local Unit President \_\_\_\_\_

Total Membership for 2010 – 2011 \_\_\_\_\_

Total Male Membership for 2010 – 2011 \_\_\_\_\_

Total Male Membership for 2011 – 2012 (to date) \_\_\_\_\_ (Must be an increase of 25 over last year)

Date Bylaws Approved \_\_\_\_\_ (Bylaws must be current to receive this award)

\_\_\_\_\_  
Local Unit Membership Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local Unit President Signature

\_\_\_\_\_  
Date

**Applications must be received on or before March 31st**

Mail, Fax or Email to: Florida PTA, 1747 Orlando Central Parkway, Orlando FL 32809  
FAX 407 240 9577 OR EMAIL [kay@floridapta.org](mailto:kay@floridapta.org)



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### Florida PTA Provides Leadership Teams To Assist You

#### What is a "Team?"

A group of experienced Florida PTA leaders.

#### Why is one needed?

To provide services to PTAs not available to them through county council.

#### Who is on a team?

Members of the Florida PTA Board of Directors and other PTA leaders qualified in specific areas of PTA.

#### Need help with...

Building Successful Partnerships (BSP), Bylaws, Leadership Training, PTA Programs, Problem Solving, Self Studies, or Workshops?

#### How can You get a team?

Complete the Request Form and mail to:

**Florida PTA  
1747 Orlando Central Parkway  
Orlando FL 32809**

or call the Florida PTA State Office at 407-855-7604 or 800-373-5782 or email [info@floridapta.org](mailto:info@floridapta.org)

#### Procedure

The request of the PTA will be reviewed, the needs determined, and the appropriate Team Member(s) will be assigned to meet the needs of your PTA.

**Progress Through Action!**

## Florida PTA Team Request Form

Many requests have been received asking for visitation by State PTA Board Members to attend Council or local PTA meetings. To better fill your request with the person who can best serve your needs, councils and local units are asked to send in this form (or a facsimile) at least 30 days before a meeting.

Name of PTA or Council: \_\_\_\_\_

City: \_\_\_\_\_

Person Making Request: \_\_\_\_\_

Email address: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How can we help you?

(Please specify workshop or general PTA presentation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date for Visit (if possible give three dates):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Time of Meeting: \_\_\_\_\_

Place of Meeting: \_\_\_\_\_

Include other information that would be helpful to the team which will be attending your meeting, and mail to:

**Florida PTA  
1747 Orlando Central Parkway  
Orlando FL 32809**

or

**Fax: 407-240-9577**

**Phone: 407-855-7604 or 800-373-5782**

**Email: [info@floridapta.org](mailto:info@floridapta.org)**



# Thomas Newsletter Grant

## Application Form

(Please Print or Type)

### Grant Rules

To be eligible for consideration, complete this form in its entirety and submit with copies of three monthly newsletters. Newsletters must be from the current school year. Submit all applications to the Florida PTA by **May 1st**. Send all applications to **Florida PTA, 1747 Orlando Central Parkway, Orlando, FL 32809**.

### Section I

PTA Name: \_\_\_\_\_

Local Unit:  K-5  6-8  9-12  County Council

President's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

### Section II

**Complete the following checklist to insure that all required elements are included.**  
**Masthead with School Name and Date**

- Name of newsletter with logo
- Address, including city
- Date
- Volume number and issue number
- Masthead inside with PTA name and address, name of Editor, Principal, PTA President
- Copy deadlines and number of publications

#### PTA Content

- Message from PTA President (prior to the Principal's message)
- Calendar of Events (including PTA meetings, workshops and projects)
- Report on PTA Membership
- General PTA Information
- County Council information (if applicable)
- State and National PTA Information

#### In addition, newsletters will be judged on:

- Layout and Design
- Eye-catching and organized
- Use of clipart
- Readability and Legibility
- Clean copy - no blurs
- Use of "White space"



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# Local Unit Application Volunteer Award

Please type or print

Name of local unit: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Region: \_\_\_\_\_

**Criteria for award: The number of PTA hours must be twice the number of student enrollment.**

Date Bylaws Approved: \_\_\_\_\_  
(Date must be filled in to receive this award)

Number of students enrolled: \_\_\_\_\_ Number of PTA volunteers: \_\_\_\_\_

Number of PTA volunteer hours: \_\_\_\_\_

\_\_\_\_\_  
Committee Chair Signature / E-mail  
(if applicable)

\_\_\_\_\_  
President's signature / E-mail

\_\_\_\_\_  
Presidents address

\_\_\_\_\_  
City and Zip

**Application must be received on or before  
May 1st.**

**Mail, Fax or email to:**  
Florida PTA  
1747 Orlando Central Parkway  
Orlando FL 32809  
or fax to 407-240-9577  
[kay@floridapta.org](mailto:kay@floridapta.org)

