

# PTA Distinguished Service Award Application

USE THIS FORM FOR PTA DISTINGUISHED SERVICE AWARD ONLY

Unit/Council Code Number: \_\_\_\_ - \_\_\_\_

Unit/Council Name: \_\_\_\_\_

THE PERSON TO BE HONORED IS \_\_\_\_\_

(PLEASE PRINT CLEARLY)

**(MAKE CHECK OR MONEY ORDER PAYABLE TO NEW YORK STATE PTA)  
RETURN ALL PARTS OF THIS NOTICE WITH CHECK OR MONEY ORDER FOR \$50.**

RECIPIENT RECEIVED HONORARY LIFE MEMBERSHIP \_\_\_\_\_

DATE

AWARD WILL BE PRESENTED ON \_\_\_\_\_

DATE

BE SURE TO INCLUDE A LETTER INDICATING YOUR REASON FOR PRESENTING THE AWARD.

MAILING LABEL (PLEASE TYPE OR PRINT CLEARLY)

NAME

ADDRESS

CITY

STATE

ZIP

NEW YORK STATE PTA ®  
One Wembley Court, Albany, NY 12205-3830  
Tel: (518) 452-8808 Fax: (518) 452-8105

FOR OFFICE USE ONLY

Ck. DATE \_\_\_\_\_ Ck. No. \_\_\_\_\_ Ck. AMT. \_\_\_\_\_

BYLAWS  INSURANCE  MEMBERSHIP

INITIALS \_\_\_\_\_