Nassau Region PTA®

*every*child. *one* voice.®

JUDITH SHAPIRO PARLIAMENTARY AWARD

APPLICATION

Name_____Phone #_____

Address_____

Town_____ Zip Code_____

PTA/PTSA Name _____ Code # 10-_____

For PTA Member Only:

Present PTA position _____

PTA positions held _____

_____

_____

How long have you been a PTA/PTSA member? _____

Attach a copy of your PTA/PTSA membership card.

For Students Only:

Check Grade: ❑ Sophomore ❑ Junior

School/Community Service:

_____

_____

_____

_____

All Applicants:

Please be sure to answer the question on back of this page.

For PTA Member and Student:

How will parliamentary training help you? Please tell us any other pertinent information about yourself.

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_____

_____

_____

Name of person submitting application _____Phone _____

Position of person submitting application _____

Return completed application to:

Lawrence Johnson, Awards Chair
500 Hempstead Boulevard
Uniondale, NY 11553
Tel: 516-489-5678
E-mail: awards@nassaupta.org

Please use separate form for each person applying. Application may be duplicated.

Application must be <u>received</u> no later than April 15, 2012