

Distinguished Service Award Application

Applications are available for download from www.nyspta.org.
Please refer to the website for the latest application fee information.

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
ALL PTA CHECKS MUST HAVE TWO (2) SIGNATURES.
RETURN ALL PARTS OF THIS NOTICE WITH CHECK OR MONEY ORDER FOR FULL FEE.**

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

MAIL TO:

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 _____