



## 2019-2020 MEMBERSHIP REPORT

All PTA/PTSAs must complete this report.

### Reporting Period (Please Circle One)

**Early Bird ( Sep 30)    Initial Report (Dec. 1)    Additional Report (March 1)    Final Report (May 15)**

Mail a copy of this report to Knox County Council PTA, P.O. Box 31882 Knoxville, TN 37930  
*RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS.*

**PLEASE FILL OUT THIS REPORT IN ITS ENTIRETY. A COPY OF THE UNITS' MEMBERS' NAMES AND CONTACT INFORMATION MUST ACCOMPANY THIS REPORT.**

THIS INFORMATION IS IMPORTANT FOR COUNCIL RECORDS AND IS USED TO DETERMINE ELIGIBILITY FOR MEMBERSHIP AWARDS. TO BE ELIGIBLE FOR ANY/ALL STUDENT OR LOCAL UNIT AWARDS, MEMBERSHIP DUES MUST ALSO BE IN THE COUNCIL OFFICE ON OR BEFORE DECEMBER 1<sup>ST</sup>. YOUR UNIT IS RESPONSIBLE FOR REPORTING ITS MEMBERSHIP DIRECTLY TO TN PTA.

**SEND THIS REPORT, A LIST OF MEMBERS, AND \$0.25 PER MEMBER TO THE KNOX COUNTY COUNCIL PTA FOR EACH DUE DATE LISTED ABOVE.**

Name of PTA/PTSA \_\_\_\_\_ National PTA ID# \_\_\_\_\_

County \_\_\_\_\_ Council \_\_\_\_\_ Region \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of President \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

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

Name of Membership Chairman \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

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

Chairman's Email Address \_\_\_\_\_

Total Number of Members	Number of Fulltime Teachers in PTA*	Number of Students in the School	Number of Fulltime Teachers in the School*

\*Does not include part-time or support staff

### **Membership Remittance on this Report**

Total Number of members submitted on this report:

Council Dues: \_\_\_\_\_ x \$0.25= \_\_\_\_\_

**TOTAL DUES REMITTED:** \_\_\_\_\_

FOR COUNCIL PTA USE ONLY			
Date Received:	Check #:	Amount:	Receipt #: