

Cover Submittal Form for Local Unit Membership Report

Date	_ Colorado PTA Region	Council		
Student Population (i.e. K-5, 6-8, K-12, PK, etc.):			or 🗖 Co	mmunity
School District:		Type School:	☐ Public ☐ Private	
☐ Charter ☐ Ea	arly Childhood			
PTA/PTSA Unit	Name			
PTA/PTSA Add	ress / Zip			
Name of Membership Chair (or President, if applicable)				
Home Address	/ Zip			
Home Phone _		E-mail		
School informat • Total num	ion ber of full time Staff at school			
 Total Stud 	lent enrollment this year			
Unit Membershi	p Report: [NOTE: A member may	be counted in	only one (1) category]	
Number of Parent members on this report				
Number of Staff members on this report (Includes all full time and part time certified and classified personnel)				
Number of Community members on this report				
Number of Student members on this report				
an effort to bette	er know our state's PTA membe	r representatio	n, please provide the	following:
 Total num 	ber of Male/Female members o	n this report _	Male	_ Female
1. Number	of new Individual Memberships	this report	x \$ 6.25 = \$	
2. Number	of new Business Partners this r	eport	x \$10.00 = \$ _	
	ENCLOSE) [TOTAL 1 + 2	= \$	

INSTRUCTIONS:

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- Mandatory membership reports are due to the Colorado PTA office postmarked no later than October 1 and February 1. Additional membership reports may be sent to the Colorado PTA office as needed.
- If your PTA is not using memberplanet to manage its membership, mail this report with the payment and email the Membership Listing report.
- If your PTA is using memberplanet to manage its membership, mail just this report with the payment.
- Check made payable to "Colorado PTA" [with two signatures] must accompany this report or invoice.