

NYS PTA DISTINGUISHED SERVICE AWARD

Before requesting this recognition, please be sure your honoree has received a NYS PTA Honorary Life Member Award (HLM), and that your Unit/Council's Bylaws, Insurance, Membership, IRS Status, and Officers are up-to-date

Unit/Council Code Number -

Unit/Council Name _____

Person to be Honored _____

Date Recipient received HLM _____

Award Presentation Date _____

** Please allow two weeks for processing of this recognition **

The fee for this recognition is \$75.00

Award Application must include the following:

- A letter stating the reason the recipient is being honored
NOTE: *The award will not be processed without the letter*
- Check in the amount of \$75 payable to NYS PTA
All PTA checks must have two signatures



Award to be mailed to:

Name	Phone #	
Email Address		
Address		
City	State	Zip

Return this form with check to:

NYS PTA
 One Wembley Court
 Albany, NY 12205-3830
 Tel: 1-518-452-8808 Fax: 1-518-452-8105

FOR OFFICE USE ONLY	<input type="checkbox"/>	Bylaws	<input type="checkbox"/>	IRS Status	Check/Credit Card Date _____
	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Officers	Check Number _____
	<input type="checkbox"/>	Membership			Amount Paid _____ Staff initials _____