



# Application

## NEW JERSEY PTA *Meritorious Service Award*

**PLEASE TYPE or PRINT CLEARLY** (Allow at least three (3) weeks before the presentation date)

FEE: \$50.00

PRESENTATION DATE: \_\_\_\_\_  
month / day / year

PTA/PTSA/SEPTA Making Presentation \_\_\_\_\_

Town \_\_\_\_\_ County \_\_\_\_\_

Full Name and HOME address of **Honoree**

Title (Mr./Ms./Mrs.) Name \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Member of \_\_\_\_\_ How Long \_\_\_\_\_  
*If applicable*

**Please include a brief description of why he/she was selected to receive this honor (25 words or less – to be included on the certificate).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Award Package, including certificate and pin will be mailed to the person who completed the application.

Person Completing the Application:

Name \_\_\_\_\_ PTA Title \_\_\_\_\_

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

State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

DAYTIME PHONE NUMBER ( ) \_\_\_\_\_ (for clarification, if necessary)

MAIL ORIGINAL FORM AND MAKE CHECK PAYABLE TO:	NEW JERSEY PTA 8 QUAKERBRIDGE PLAZA, SUITE F MERCERVILLE, NJ 08619
RETAIN ONE COPY FOR YOUR RECORDS	

FOR OFFICE USE ONLY

Check# \_\_\_\_\_

MS ACCESS \_\_\_\_\_

Date Received \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

SHIPPED \_\_\_\_\_