

NEW JERSEY PTA APPLICATION FOR MERITORIOUS SERVICE AWARD

FEE: \$50.00

PRESENTATION DATE: _____ (*Allow at least three (3) weeks before the presentation date*)

PTA/PTSA Making Presentation _____

Town _____ County _____

Full Name and HOME address of **honoree**:

Title (Mr./Ms./Mrs.) _____

Name _____

Telephone Number: _____ Email Address _____

Address _____ City _____

State _____ Zip _____ Member of _____ PTA _____

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

PACKAGE, including card, 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 Address _____

DAYTIME PHONE NUMBER () _____ (in case of questions)

MAIL ORIGINAL FORM AND MAKE CHECK PAYABLE TO: NEW JERSEY PTA 8 Quakerbridge Plaza, Suite F Mercerville, NJ 08619 <i>To avoid unnecessary delays, please ensure that your form is complete and accurate.</i>

FOR OFFICE USE ONLY

Check# _____ MS ACCESS _____

Date Received _____ MS EXCEL _____

Amount Received \$ _____ SHIPPED _____