APPLICATION FOR LOCAL PTA CHARTER MEMBERSHIP

Application is hereby made for membership in the Virginia Parent Teacher Association (Virginia PTA), a state-level congress of the National Parent Teacher Association (National PTA)

REQUESTING SCHOOL COMMUNITY		
Full Name of PTA (No abbreviations please)	____ PTA ____ PTSA	Grade Levels Served
School's Name	School's District	School's Phone
School's Address	City	Zip Code
Principal's Name	Principal's Email	Principal's Phone

PTA CHARTER ORGANIZATIONAL CONTACTS	
Main Organizing Contact	Email
Address	Phone
Name	Email
Address	Phone
Name	Email
Address	Phone
Name	Email
Address	Phone

APPLICATION VERIFICATION	
Date of Application	Has the school community voted to form a PTA? __ YES __NO
Organizing Contact Signature	Principal Signature:
ADDITIONAL COMMENTS:	

Please return this completed form via email to charter@vapta.org