



## Delaware PTA APPLICATION FOR LOCAL UNIT CHARTER MEMBERSHIP

Application is hereby made for membership in the Delaware Congress of Parents and Teachers, Inc. (Delaware PTA) a branch of the National Congress of Parents and Teachers (National PTA).

Date Submitted	Total Members to Date: _____ x \$4.25 = \$ _____ enclosed.	School District or PTA Region
Person Submitting Application		Telephone
Full Name of PTA	<input type="checkbox"/> PTA <input type="checkbox"/> PTSA	Grade Levels
PTA President's Name	City	Zip
PTA President's Address	City	Zip
School Name	School System	County
School Street Address	City	Zip
Principal's Name	School Telephone	School Fax

**IMPORTANT! A minimum of 10 members is required for organization. Three of which must be the President, Secretary and Treasurer.**

**CHARTER CHECKLIST:**

- Dues are \$4.25 per member per year (\$2.00 for Delaware PTA and \$2.25 for National PTA). If your unit offers a family membership, you must determine how many members are included in that family membership. You **MUST** report each member at \$4.25 and issue a membership card to each member of the family whose name appears on the enrollment form.
- Add chartering members in MemberHub once created by DPTA and pay dues
- Include list of chartering members in meeting minutes.
- Email copy of bylaws as adopted by the general membership to DPTA Bylaws committee.
- Complete the officer information. Email to Delaware PTA representative working with your PTA's formation. Or provide to DPTA rep at formation meeting.

When bylaws are approved, a charter number and certificate will be issued to your PTA. Delaware PTA will provide info to contact the IRS and secure an Employer Identification Number (EIN) to use on PTA bank accounts and IRS forms. Delaware PTA will also secure a National PTA Local Unit Record number (LUR).

925 Bear Corbitt RD Bear DE 19701  
Email: [admin@delawarepta.org](mailto:admin@delawarepta.org) • Website: [www.delawarepta.org](http://www.delawarepta.org)

## Delaware PTA LOCAL UNIT PTA OFFICER INFORMATION FORM

DATE: \_\_\_\_\_

PLEASE PRINT OR TYPE.

<b>PRESIDENT</b>		
ADDRESS	CITY	ZIP
HOME PHONE (        )		WORK PHONE (        )
E-MAIL ADDRESS		
<b>SECRETARY</b>		
ADDRESS	CITY	ZIP
HOME PHONE (        )		WORK PHONE (        )
E-MAIL ADDRESS		
<b>TREASURER</b>		
ADDRESS	CITY	ZIP
HOME PHONE (        )		WORK PHONE (        )
E-MAIL ADDRESS		
<b>MEMBERSHIP CHAIR</b>		
ADDRESS	CITY	ZIP
HOME PHONE (        )		WORK PHONE (        )
E-MAIL ADDRESS		
<b>LEGISLATIVE CHAIR</b>		
ADDRESS	CITY	ZIP
HOME PHONE (        )		WORK PHONE (        )