**ALABAMA PTA GOLDEN APPLE VERIFICATION FORM**

**(DEADLINE OCTOBER 1)**

The Golden Apple Award is presented to all principals whose PTAs submit 100% faculty membership to the Alabama PTA office by October 1, 2023. Faculty is defined as full-time certified personnel. Part-time employees and non-certified personnel are encouraged to join but are not required to qualify for the Golden Apple Award.

Note: Golden Apple membership counts towards 100% membership award!

o Fill in the information requested below. Please type or print clearly.

o Ensure all faculty members are entered correctly into Givebacks by October 1.

o Remit dues for all faculty members either by check mailed to Alabama PTA or echeck through

Givebacks to Alabama PTA.

o Complete and return this form (electronically to **alabamapta@yahoo.com** or via USPS to

**Alabama PTA, 3066 Zelda Road, PMB 252, Montgomery, AL 36106**)

o Form must be signed (may be e-signed) by principal or designee to ensure receiving this award.

Certificates will be mailed to the school unless councils choose to present to those local units within their council.

**PTA Name (as shown in Givebacks):** Click or tap here to enter text.

**School District:** Click or tap here to enter text. **Council:** Choose an item.

**PTA Category (Select one)**

**☐ Elementary –** Grade Ranges PreK-6th

**☐ Middle/Jr High-** Grade Ranges 6th-8th

**☐ High School -** Grade Ranges 9th-12th

**☐ Multi School-** More than one school or school’s Grade Range includes more than one Category such as K-8. Please also select which school category this form is being submitted if more than one school is part of this PTA

**☐ Elementary ☐ Middle/Jr High ☐ High School**

**☐ Community- Not attached to specific schools. Example-Special Education PTA**

**Number of Certified Staff:** Click or tap here to enter text.

**Enrollment as of September 1, 2023:** Click or tap here to enter text.

**PTA President’s Name:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Best Contact Phone Number:** Click or tap here to enter text.

**Principal Name (printed):** Click or tap here to enter text. **Title:** Choose an item.

**VERIFICATION:** I certify 100% of the full-time certified faculty at my school are members of the PTA.

A typed signature acknowledges an electronic signature and verification.

**Principal or designee :** Click or tap here to enter text. **Date:** Click or tap to enter a date.