

Application for Affiliation

This is to serve as notification to the Minnesota PTA, that a group of interested individuals has met on _____, discussed and voted in favor of affiliation with the National PTA and the Minnesota PTA. In becoming a PTA, this group will be named: _____ PTA / PTSA (circle one)

We understand that a PTA charter will be issued to our group after the Minnesota PTA office receives our completed bylaws, officer list and a membership list including at least 20 members.

The Minnesota PTA and National PTA offices should direct future correspondence to:

Acting President/Chair: _____

Phone number: _____

Email address: _____

Street address: _____

City: _____ Zip: _____

School name: _____ District: # _____

Office phone number: _____ Grade levels _____

School address: _____

City: _____ Zip: _____

Signature of Acting President/Chair

Date

Please send this completed application to:

Minnesota PTA
1667 Snelling Ave N
St Paul, MN 55108

For office use only

Bylaws template sent _____	App for Affiliation received _____	PTA ID # _____	Ext. Chair notified _____
Pkt #2 sent _____	Officer List received _____		
Bylaws received _____	Bylaws approved _____	Report to IRS _____	
Dues received _____	Charter Cert. sent _____	Pres/Memb Chair notified _____	