

PEG DAVIS LEADERSHIP AWARD APPLICATION

Unit Name: _____ Unit No. 05- _____

Contact Person: _____ Phone No. _____

Address: _____

Email: _____

I wish to recommend _____

a member of _____ PTA

who has served for _____ years in PTA .

NYS Honorary Life Membership received on _____

Leadership positions held

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Leadership workshops attended

Our candidate is deserving of this award because _____

(Additional pages may be used)

RETURN COMPLETED APPLICATION WITH A \$25 CHECK PAYABLE TO SUFFOLK REGION PTA TO:

Suffolk Region PTA
20 Dewey Road
Commack, NY 11725

This Form May Be Duplicated