

Unit in Good Standings Report _____

Unit Name: _____

| | State PTA | Council | Complete |
|---|------------------|----------------|-----------------|
| Financial review | X | X | |
| Annual report | X | X | |
| Tax confirmation | X | X | |
| PTA memberships to State PTA | X | X | |
| Current bylaws | X | X | |
| Council dues paid | | X | |
| Insurance confirmation | | X | |
| Unit budget | | X | |
| District form/their external audit | | X | |