



MEMBERSHIP CARD RETURN TRANSMITTAL

Local Unit Name

City

District/Region

Total Membership Cards Received: _____

Total Number of Memberships paid to the Illinois PTA: _____

Number of cards returning with this remittance: _____

Total Membership Payment included with this remittance: _____
(Names of Members should accompany membership payment)

Additional Comments:

Local Unit President Signature

Please retain a copy for your records, and return this portion of the form with remittance **by June 25, 2018**.

ILLINOIS PTA
P. O. BOX 907
Springfield, IL 62705-0907
(800) 877-9617

Date received in state office: _____