



**REQUEST FOR ADDITIONAL MEMBERSHIP CARDS**

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

Total Membership Cards Received to date: \_\_\_\_\_

Total Number of Memberships paid to the Illinois PTA to date: \_\_\_\_\_

**Number of additional cards requested:** \_\_\_\_\_

***Membership Card Agreement:***

I am responsible for the number of cards received and our PTA/PTSA will pay \$4.25 per card received above as membership dues or return the cards less the amount paid in dues. Our PTA will return any remaining cards by June 25, 2017 to the Illinois PTA state office. We will keep 10 membership cards after that date for late memberships.

I understand that the Illinois State PTA will invoice my local unit after June 30, 2017, for all outstanding cards.

\_\_\_\_\_  
Local Unit President Signature

Please mail additional cards to:

District/Region: \_\_\_\_\_

Local Unit Name: \_\_\_\_\_ City: \_\_\_\_\_

President Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please retain a copy for your records, and return this form to the state office to receive additional membership cards.

Date additional cards mailed: \_\_\_\_\_