Membership Card Pick Up Form

**Return your completed form to Maryland PTA by faxing it to (410) 760-6344 or as an e-mail attachment to Wendy Saulters at officeadministrator@mdpta.org.**

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| --- | --- |
| National PTA# |  |
| Unit Name: |  |
| County: |  |
| **Please mark ‘X’ the appropriate box.**  |
|  | My County Council Rep will pick up my Membership Cards. |
|  | Mail my membership cards. |
| My PTA Representative, listed below, will pick up my Membership Cards. Call (410) 760-6221 to schedule a pick-up appointment. Pick up hours are M-F 8:30am – 4:00pm.Representative’s Contact Information:Name:Email:Phone: |

**Authorized By:**

|  |  |
| --- | --- |
| **First/ Last Name:** |  |
| **PTA Officer Position:** |  |
| **Phone:** |  |
| **Email Address:** |  |
| **Mailing Address:** |  |
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