

## Membership Card Order Form

This form may be duplicated as needed.

**(Make copies for additional orders before completing this form.)**

**Present form and PTA check to your District Membership Chair.\***

(Type or print clearly)

LUR # \_\_\_\_\_  
(required for submitting order)

District \_\_\_\_\_

Unit \_\_\_\_\_

Address of Unit \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Dues for \_\_\_\_\_ members x \$4.00 = \_\_\_\_\_

Amount

### Please deliver membership cards to:

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Unit President's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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### For office use only

Date request received \_\_\_\_\_

Amount received: \$ \_\_\_\_\_ ck # or cash \_\_\_\_\_

Receipt # \_\_\_\_\_ Date cards delivered \_\_\_\_\_

\*If no District Membership Chair, please contact the State Office.