



MEMBERSHIP COVER SHEET

OFFICE USE ONLY
Check # _____
Amount \$ _____

DATE SUBMITTED _____

Enclose check made payable to: **OHIO PTA**. Please write "Membership Dues" on check.

MAIL CHECK TO:
 Ohio PTA
 40 Northwoods Blvd Unit A
 Columbus, OH 43235-4718

Members _____ at \$4.75 per member (\$2.50 - Ohio PTA + \$2.25 - National PTA)
 = \$ _____ Check Total

Attach a membership list with member names and email addresses to this cover sheet.

FULL	NAME	OF	PTA
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City _____

Region # _____

President Name _____

President Email _____