



Illinois PTA Business Member Window Cling Order Form

Local Unit Name: _____

Membership Chair Name: _____

Email: _____

Phone: _____

Number of Clings requested: _____

Address to send clings to: _____



Please list each Business who will be receiving these clings from your local unit. (Feel free to attach a separate sheet with this information. All business members must be listed in order to receive the clings):

<u>Business Name</u>	<u>Member Name</u>	<u>Location</u>
ABC Store	Joe Smith	Anytown
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Return Complete Form to:
Illinois PTA
Attn: Community Membership
PO Box 907, Springfield, IL 62705
Fax: 217-528-9490