



**MEMBERSHIP CARD
RETURN TRANSMITTAL**

Local Unit Name _____

City _____ District/Region _____

Total Membership Cards Received: _____

Total Number of Memberships paid to the Illinois PTA: _____

Number of cards returning with this remittance: _____

Total Membership Payment included with this remittance: _____
(Names of Members should accompany membership payment)

Additional Comments:

Local Unit President Signature _____

Please retain a copy for your records, and return this portion of the form with remittance **by June 25, 2015.**

Date received in state office: _____



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