

**MEMBERSHIP ENVELOPE  
ORDER FORM**

Date Rec'd \_\_\_\_\_  
Check # \_\_\_\_\_  
Date \_\_\_\_\_  
Amount \_\_\_\_\_  
Date Sent \_\_\_\_\_

PRICES: \$8.00 per box plus shipping and handling (There are 500 in a box)

**Check with state office for postage cost**


Please send \_\_\_\_\_ boxes of Membership Envelopes to:

**Please print or type:**

PTA/PTSA \_\_\_\_\_ City/County \_\_\_\_\_  
Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City or Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Please make checks payable and mail to: Virginia PTA  
1027 Wilmer Avenue  
Richmond, VA 23227-2419  
Phone: (804) 264-1234

**Please allow at least 2 weeks to process your order**

<p>ANNUAL MEMBERSHIP DUES (<i>Gastos Anuales</i>) ALL-INCLUSIVE MEMBERSHIP (<i>Todo Incluido</i>) (National, State, Local) (<i>Nacional, Estado, Local</i>)</p>	
_____ Members at \$ _____ per Member ( _____ <i>Miembros a \$ _____ por Miembro</i> )	
Member's Name ( <i>Nombre del miembro</i> ) _____	
Member's Name ( <i>Nombre del miembro</i> ) _____	
Address ( <i>Dirección</i> ) _____	
Telephone Number ( <i>Número de teléfono</i> ) _____ Email _____	
Child's Name ( <i>El Nombre del hijo</i> ) _____	
Grade ( <i>Grado</i> ) _____ Teacher ( <i>Maestro/Maestra</i> ) _____	
Child's Name ( <i>El Nombre del hijo</i> ) _____	
Grade ( <i>Grado</i> ) _____ Teacher ( <i>Maestro/Maestra</i> ) _____	
Amount Enclosed ( <i>Cantidad Incluido</i> ) \$ _____	