2020 – 2021
MEMBERSHIP
COVER SHEET

MEMBERSHIP COVER SHEET

DATE SUBMITTED ______________________

** Please make multiple copies of this sheet before you fill it out. **
Submit this form with every dues payment.
Enclose check made payable to: OHIO PTA
and mail to 40 Northwoods Blvd, Suite A Columbus, OH 43235
Please write “Membership Dues” on check.

Tracking for Incentive (check below)

_____ “Get on Board” August 1-31  
_____ “Welcome Back” September 1-30 
_____ “Super Students & Proud Parents” Oct. 1-31
_____ “Staff & Community Are Key” Nov. 1-30

MEMBERSHIP ROSTER WITH MEMBER NAMES AND EMAILS MUST BE SUBMITTED EACH TIME.

# Members _______ at $4.75 per member ($2.50 - Ohio PTA + $2.25 - National PTA)  
= $ __________ Total

FULL NAME OF PTA________________________________________________________
City___________________________  
Ohio PTA District # __________  
President Name ___________________________  
President Email ___________________________

Additional cover sheets are available on the Ohio PTA website, www.ohiopta.org

BE SURE TO USE THE CARDS YOU HAVE RECEIVED BEFORE REQUESTING MORE.

Please send additional number of cards indicated to:

Name PTA unit________________________________________________________
Membership Chairman______________________________________________
Number of cards needed_______
Home address_______________________________________________________
City___________________________ Zip__________ Phone____________________