



**2025 – 2026  
MEMBERSHIP  
COVER SHEET**

OFFICE USE ONLY

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

*Enclose a check made payable to: **Ohio PTA**. Please write "Membership Dues" on the check.*

*MAIL CHECK TO:*

*Ohio PTA*

*40 Northwoods Blvd., Suite A*

*Columbus, OH 43235-4718*

# Members \_\_\_\_ at \$5.75 per member (\$2.50 to Ohio PTA + \$3.25 to National PTA) = \$ \_\_\_\_\_ Check Total

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

FULL NAME OF PTA \_\_\_\_\_

City \_\_\_\_\_

Region # \_\_\_\_\_

President Name \_\_\_\_\_

President Email \_\_\_\_\_