



2026 – 2027 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 _____