

MEMBERSHIP CARD ORDER FORM



This form may be duplicated as needed.
(Make copies for additional orders before completing this form.)

Contact Caddo District Vice President, **Amy Watts**, to purchase your
Membership Cards & make **checks payable to Caddo PTA**
318-347-8939 (c) E-mail: awatts1125@gmail.com

(Type or print clearly)

LUR # _____ District _____ (Required for submitting order)

PTA School Unit _____

Mailing Address _____

City _____ Zip _____

Dues for _____ members x \$4.00 = _____ Amount Sent

PTA Board Member where membership cards will be sent:

Name _____ Position _____

Address _____

City _____ Zip _____

Phone _____ Email _____

Unit President's Name _____

Address _____

City _____ Zip _____

Phone _____ Email _____

For office use only

Date request received _____

Amount received: \$ _____ ck # _____ or cash

Receipt # _____ Date cards mailed _____