

## **Membership Request Form**

## We want to be a member of your PTA/PTSA Unit!!!

The PTA Council President and the Superintendent of Schools want to become members of your unit. It is our goal to have memberships to all units <u>not later than</u> the October Council Meeting.

Please bring two PTA membership cards and this form to the September or October Council Meetings. We will have checks prepared to cover the cost of the memberships.

Help us meet our goal!!	
Membership Form for St Joseph PTA Council President and St Joseph School District Superintendent of Schools	
Unit name:	
Unit President:	
Cost for two individua	l memberships: \$
	For Council Use:

Date:

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

Amount Paid: \$\_\_\_\_\_