



everychild.onevoice.®

# MEMBERSHIP ENVELOPE ORDER FORM

Date Rec'd \_\_\_\_\_

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

Date \_\_\_\_\_

Amount \_\_\_\_\_

Date Sent \_\_\_\_\_

<b>PRICES</b>	\$8.00 per box PLUS shipping and handling Each box contains 500 envelopes.
<b>SHIPPING AND HANDLING</b>	<b>Contact the state office</b> by phone (804) 264-1234 or email <a href="mailto:info@vapta.org">info@vapta.org</a> for most current shipping and handling charges.

*PLEASE PRINT OR TYPE*

**PLEASE SEND \_\_\_\_\_ BOXES OF MEMBERSHIP ENVELOPES TO:**

**PTA/PTSA \_\_\_\_\_ City/County \_\_\_\_\_**

**Email \_\_\_\_\_**

**Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_**


**Address \_\_\_\_\_**

**City or Town \_\_\_\_\_ Zip Code \_\_\_\_\_**

**Please make checks payable and mail to:** Virginia PTA  
1027 Wilmer Avenue  
Richmond, VA 23227-2419

**PLEASE ALLOW AT LEAST TWO WEEKS TO PROCESS YOUR ORDER.**

*Example of Membership Envelope*

<p><b>ANNUAL MEMBERSHIP DUES (<i>Gastos Anuales</i>)</b></p> <p><b>ALL-INCLUSIVE MEMBERSHIP (<i>Todo Incluido</i>)</b></p> <p><b>(National, State, Local) (<i>Nacional, Estado, Local</i>)</b></p>	 <small>everychild.onevoice.®</small>
<p>_____ Members at \$ _____ per Member ( _____ <i>Miembros a \$ _____ por Miembro</i>)</p>	
<p>Member's Name (<i>Nombre del miembro</i>) _____</p>	
<p>Member's Name (<i>Nombre del miembro</i>) _____</p>	
<p>Address (<i>Dirección</i>) _____</p>	
<p>Telephone Number (<i>Número de teléfono</i>) _____ Email _____</p>	
<p>Child's Name (<i>El Nombre del hijo</i>) _____</p>	
<p>Grade (<i>Grado</i>) _____ Teacher (<i>Maestro/Maestra</i>) _____</p>	
<p>Child's Name (<i>El Nombre del hijo</i>) _____</p>	
<p>Grade (<i>Grado</i>) _____ Teacher (<i>Maestro/Maestra</i>) _____</p>	
<p>Amount Enclosed (<i>Cantidad Incluido</i>) \$ _____</p>	