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MEMBERSHIP ENVELOPE ORDER FORM

Date Rec'd _____

Check # _____

Date _____

Amount _____

Date Sent _____

PRICES	\$8.00 per box PLUS shipping and handling Each box contains 500 envelopes.
SHIPPING AND HANDLING	Contact the state office by phone (804) 264-1234 or email info@vapta.org 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>ANNUAL MEMBERSHIP DUES (<i>Gastos Anuales</i>)</p> <p>ALL-INCLUSIVE MEMBERSHIP (<i>Todo Incluido</i>)</p> <p>(National, State, Local) (<i>Nacional, Estado, Local</i>)</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>	