



**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	Check with 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 _____
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

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