Membership Remittance Form

Complete, print, and attach to membership payments made out to Glendale Council PTA Mail to:

Glendale Council PTA 223 N. Jackson St. #107 Glendale, CA 91206

Date:					
Unit Name:					
Treasurer's name:					
Treasurer's email:					
Membership Chair:					
Membership Chair's email:					
		QTY.	COST (each)	AMOUNT	
Membership Du	es:		\$5.75	\$	
Check #:			TOTAL:	\$	