ADDITIONAL MEMBERSHIP CARDS REQUEST FORM

Purpose:

Use this form to request additional membership cards.

Instructions:

- Make copies of this form as needed.
- Fill in the information requested below. Please print.
- To receive additional membership cards , your local unit PTA/PTSA must submit dues for **at least 75%** of the number of cards received to date.
- Please allow one (1) week to process mail requests and two (2) days to process pick up requests.
- Cards will be mailed to contact person listed below.
- When submitting dues, **make checks payable to South Carolina PTA** and mail with membership report to 1826 Henderson Street, Columbia, SC 29201.
  (*A $35.00 service fee will be applied for checks returned for non-sufficient funds*).

Local Unit PTA/PTSA Name:	Local Unit ID #:
District:	Council (*if applicable*):
Contact Person:	PTA/PTSA Position:
School Address:	
City:	Zip Code:
Daytime Phone:	Email:

Number of Cards Received to Date: _____

Number of Cards Issued for Paid Memberships: _____

Total dues submitted to South Carolina PTA as of today: _____

Number of Additional Cards Requested: _____

Signature of President or Membership Chairperson: _____

FOR STATE OFFICE USE ONLY

Date Request Received: _____

Date Request Processed and Mailed: _____

Number of Cards Mailed: _____