

MEMBERSHIP CARD ORDER FORM



This form may be duplicated as needed.
(Make copies for additional orders before completing this form.)

Mail the form and dues owed to:
Mark Envelope: Membership Order
Eppie Adams, 2853 Alkay Drive, Shreveport, LA 71118-2511
318. 687. 0442 (H)
E-mail: web@caddodistinctpta.org
(Type or print clearly)

LUR # _____ District **Caddo**
(required for submitting order)

Unit _____

Address of Unit _____

City _____ Zip _____

Dues for _____ members x \$2.75 = _____
Amount Sent

Please send membership cards to:

Name _____ Position _____

Address _____

City _____ Zip _____

Phone _____ Email _____

Unit President's Name _____

Address _____

City _____ Zip _____

Phone _____ Email _____

For office use only

Date request received _____

Amount received: \$ _____ ck # _____ or cash

Receipt # _____ Date cards mailed _____