



MEMBERSHIP CARD VERIFICATION

Unit Name: _____

Michigan ID# (six digits): _____

Number of membership cards received: _____

Date received: _____

President's Signature: _____

- This form is to verify that you received your membership cards.
- **Please count your cards when you receive them, complete the above information and mail or fax this form back to us.**
- This form will be kept in your file as documentation to ensure that our records remain consistent with yours throughout the year and to alleviate problems with membership counts at the end of the year. If there is any discrepancy between our records and yours, this documentation will serve as the official record.

**Michigan PTSA
3300 Washtenaw, Suite 220
Ann Arbor, MI 48104-4294
Phone: (734) 975-9500
Fax: (734) 677-2407**

Additional card requests can be e-mailed to:

membership@michiganpta.org