



# SUBSCRIPTION ORDER FORM

PLEASE PRINT OR TYPE – The California State PTA cannot be responsible for illegible orders.

PTA District \_\_\_\_\_ Name of person placing order \_\_\_\_\_  
Council \_\_\_\_\_ Address \_\_\_\_\_  
Name of Unit \_\_\_\_\_ City \_\_\_\_\_  
Unit ID # \_\_\_\_\_ Email \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

to indicate which publication \$ Amount

<input type="checkbox"/> PTA in California _____	Subscriber Name _____
<input type="checkbox"/> The Communicator-print _____	Address _____
<input type="checkbox"/> The Communicator-CD _____	City _____ Zip Code _____
	Telephone (____) _____

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<input type="checkbox"/> <b>TOTAL PTA in CA @ \$5.00 each</b>	<b>\$</b> _____
<input type="checkbox"/> <b>TOTAL Communicator – print @ \$12.50 each</b>	<b>\$</b> _____
<input type="checkbox"/> <b>TOTAL Communicator – CD @ \$10.00 each</b>	<b>\$</b> _____

Use additional pages as required.

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