



# 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

_____ PTA in California _____	Subscriber Name _____
_____ The Communicator-print _____	Address _____
_____ The Communicator-CD _____	City _____ Zip Code _____
_____ _____	Telephone ( ) _____

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_____ The Communicator-print _____	Address _____
_____ The Communicator-CD _____	City _____ Zip Code _____
_____ _____	Telephone ( ) _____

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_____ The Communicator-print _____	Address _____
_____ The Communicator-CD _____	City _____ Zip Code _____
_____ _____	Telephone ( ) _____

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_____ The Communicator-print _____	Address _____
_____ The Communicator-CD _____	City _____ Zip Code _____
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_____ The Communicator-print _____	Address _____
_____ The Communicator-CD _____	City _____ Zip Code _____
_____ _____	Telephone ( ) _____

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

Use additional pages as required.