



Remittance Form
Mail to: Amie Galipeau
70 Cactus St.
Warwick, RI 02886
401-827-8730



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70 Cactus St.
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Name of Unit: _____

Memberships: \$3.75 per member
(\$1.50 to State, \$2.25 to National)

Number of Members _____ @ \$3.75 per member= \$ _____

Please attach a numbered list of new members' names and addresses.

Rhode Island PTA Annual Sustaining Membership \$ _____

(A non-voting membership offered to those who wish to support RI PTA with a donation.)

FOUNDER'S DAY DONATION \$ _____

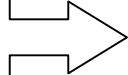
Total Amount enclosed: \$ _____

Make check payable to: **Rhode Island State PTA**

Check number: _____

LPL SCHOLARSHIP FUND Donation* \$ _____

**Scholarship(s) available to seniors in PTSA High Schools.
Please make checks payable to "LPL Scholarship Fund."
Thank you.*

UNIT
MEMBERSHIP
CHAIR INFO: 

Name

Address

Phone

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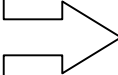
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