PTA Unit: Region

Date Submitted to Alaska PTA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page \_\_\_\_\_\_\_Of \_\_\_

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| ***2015-2016 MEMBER LOG*** |
| **NAME** | **PHONE #** | **ADDRESS** | **E-MAIL** | ***DATEJOINED*** |
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**Retain original and submit a copy to the Alaska PTA with the Membership Remittance Dues payment.**