



everychild.onevoice.®

Date

Name

Address

City, State, Zip

Dear *(member's name)*:

Thank you for choosing to become a member of the **(Local PTA)**; part of the oldest and largest volunteer child advocacy association. Our PTA is committed to supporting our students, parents and teachers to ensure the best possible learning environment.

Enclosed is information describing the many benefits, programs and services you are entitled to as a member of the **(Local PTA)**. We invite to exercise your rights as a member by attending meetings, voting on how PTA funds are spent, and participating in PTA programs and events. If you ever have any questions, please do not hesitate to contact **(PTA Officer)** at **(phone number or email address)**.

Thank you again for your support. We look forward to working with on behalf of our children.

Sincerely,

Local PTA President

Local PTA Membership Chairman



Commyounity