

Cedar Rapids City PTA Council



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Council Use Only

Date Rec'd: _____

Check No.: _____

Dues Form

School: _____

City PTA dues are .50 per member .50 x _____ = \$ _____
of members

**Please send dues on a monthly basis and include a copy of your membership roster.
Thank You!**

Make checks payable to Cedar Rapids City PTA Council and send to:

*Educational Service Center
City PTA Council
907 15th Street SW
Cedar Rapids, IA 52404*

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