



## **PTA Membership Application**

2014 - 2015

Your decision to participate in our Parent's Teacher Association will prove to be beneficial as our combined efforts will support the enrichment of all our students.

Mother's Name:		
Contact #:(C)		(W)
E-Mail Address:		
Father's Name:		
Contact #:(C)		(W)
E-Mail Address:		
Child/Children:		
Name:Grade:	Teacher:	
Name:Grade:	Teacher:	
Name:Grade:	Teacher:	
PTA MEMBERSH	IP DUES	
would like to pay:  ☐ Yearly dues per [ Family ]	\$ 5.0	າດ
☐ Yearly dues per [ Family ] & 1 t-shirt	\$ 18.0	
☐ I would like to sponsor ( 1 ) family	\$ 5.0	
I would like to sponsor ( 2 ) families in need	\$ 10.0	
Business Partners, I would like to sponsor (1) family	•	
☐ Business Partners, I would like to sponsor (2) famili	•	00
Donation:		_
<u>Total Payment</u>	_	
□ Cash		
□ Money Order		
□ Check		
Received By:	Date:	