



## Application for Membership: July 1, 2015 – June 30, 2016

| <b>APPLICANT INFORMATION/INFORMACIÓN DE APLICANTE</b>                                                                                             |                       |                                   |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|-------------------------|
| Name/Nombre:                                                                                                                                      |                       |                                   |                         |
| Please circle which one applies/Por favor marque el que aplica: <input type="checkbox"/> Parent/Pariente <input type="checkbox"/> Teacher/Maestra |                       |                                   |                         |
| Home Phone/# de casa:                                                                                                                             | Cell Phone/# celular: | Email Address/Correo electronico: |                         |
| Current Address/Dirección:                                                                                                                        |                       | City, State/Ciudad, Estado:       | ZIP Code/Codigo Postal: |
| <b>STUDENTS' NAME, GRADE &amp; TEACHER/NOMBRE DE ESTUDIANTE, GRADO Y MAESTRA</b>                                                                  |                       |                                   |                         |
| Student Name/Nombre de estudiante:                                                                                                                |                       | Grade & Teacher/Grado y Maestra:  |                         |
| Student Name/Nombre de estudiante:                                                                                                                |                       | Grade & Teacher/Grado y Maestra:  |                         |
| Student Name/Nombre de estudiante:                                                                                                                |                       | Grade & Teacher/Grado y Maestra:  |                         |
| Student Name/Nombre de estudiante:                                                                                                                |                       | Grade & Teacher/Grado y Maestra:  |                         |
| <b>PAYMENT INFORMATION/INFORMACIÓN DE PAGO: INDIVIDUAL MEMBERSHIP/SOLICITUD INDIVIDUAL (ONE ADULT/PARENT/UN ADULTO O PARIENTE): \$10.00</b>       |                       |                                   |                         |
| <b>Payments must be made in Cash or money order/Aceptamos pagos en efectivo o giro postal</b>                                                     |                       |                                   |                         |
| <b>SIGNATURE/FIRMA</b>                                                                                                                            |                       |                                   |                         |
| Signature of applicant/Firma de Apicante:                                                                                                         |                       |                                   | Date/Fecha:             |

☐ I am interested in volunteering for PTA activities. Please send me information on how to participate in PTA.

☐ Estoy interesado en ser voluntario en las actividades de PTA. Envíenme información sobre como participar en PTA.

801 NE 25<sup>TH</sup> STREET, POMPANO BEACH FL 33064 • Tel. (754) 322-6000 • FAX (754) 322-6040

Information: [Cresthavenelementarypta@gmail.com](mailto:Cresthavenelementarypta@gmail.com)

### **Board 2015-2016**

|                                 |                      |                                                                                                             |
|---------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------|
| President: Kathie-ann Ramnath   | Cell: (954) 773-4439 | Email: <a href="mailto:cresthavenelementarypta.pres@gmail.com">cresthavenelementarypta.pres@gmail.com</a>   |
| VP Elect: Lexi Foster           | Cell: (480) 313-7186 | Email: <a href="mailto:cresthavenelementarypta.vp@gmail.com">cresthavenelementarypta.vp@gmail.com</a>       |
| Treasurer: Monica Davila Devlin | Cell: (786) 325-6362 | Email: <a href="mailto:cresthavenelementarypta.treas@gmail.com">cresthavenelementarypta.treas@gmail.com</a> |
| Secretary: Melanie Esser        | Cell: (954) 873-9120 | Email: <a href="mailto:cresthavenelementarypta.sec@gmail.com">cresthavenelementarypta.sec@gmail.com</a>     |

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### **For PTA Officer Use Only:**

Date Order Received: \_\_\_\_\_ Order Date Submitted: \_\_\_\_\_ Delivered By: \_\_\_\_\_  
 Date Delivered: \_\_\_\_\_

Revised 08/09/2015 12:08 PM