

P T A M E M B E R D U E S

DIRECTIONS:

Complete one envelope for each school PTA unit you wish to join and return to that school. Enclose cash or check payable to that school's PTA.

Names of adults joining PTA: _____

Address _____ City _____ ZIP _____ Phone# _____

Which school PTA unit are you joining? _____

Student(s) at this school: _____

Name	Grade	Homeroom No./Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADULT MEMBER DUES:
 1 adult member: \$5.00
 2 adult members: \$10.00

HIGH SCHOOL ONLY
PTSA DUES (Parent-Teacher-Student Association)
 High school students joining PTSA: _____ student(s) at \$3.00 each.
 Please mark names of PTSA students with an asterisk (*) above.

Thank you and welcome to PTA! We look forward to seeing you at school this year.

DUES:	Adult member dues: _____
	PTSA dues: _____
	Donation: _____
TOTAL ENCLOSED:	\$ _____