

Individual Member Form

Thank you for your interest in joining PTA! Please fill out the form below and return it to the PTA office along with your dues payment. When PTA gets involved, children benefit. When you get involved with PTA, the child who benefits most is your own.

Prefix First n	ame		-	
Last name		Suffix		
Address				
Apt/Suite/Unit	2			
City	State	Zip_	a er	
Primary Phone		Alternate Phone		
Email address			1	
Please circle-				
I would prefer email notificati	ions			
I would prefer to be called in the morning		in the afternoon	in the evening	
			,	8
Children's info				
First name	Last name		Age	Grade
First name	Last name	×	Age	Grade
First name				
First name			Age	Grade

Please include the \$10 membership fee. Thank you.