



PTA MEMBERSHIP FORM

Complete the form below and return to the office with your payment. There is a PTA Membership folder in the Information Center in the office.
Thank you for your support!

Persons who wish to join are:

California State PTA

<p>1. _____ Name (last, first)</p> <p>_____</p> <p>E-Mail</p> <p>_____</p> <p>Address /City/Zip</p>	<p>2. _____ Name (last, first)</p> <p>_____</p> <p>E-Mail</p> <p>(_____) _____</p> <p>Phone</p>
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The Parkmead P.T.A. thanks you for your membership.
Dues are \$10.00 per person. Please make checks payable to Parkmead PTA.
Total amount enclosed: \$_____

Your student(s) in this school:

Name	Teacher	Grade	Room #
Name	Teacher	Grade	Room #
Name	Teacher	Grade	Room #