

WEST Knights PTA MEMBERSHIP FORM

Please complete and return to West PTA

2111 Kingswood Blvd.
Grand Prairie, TX 75052

Member's Name: _____

Address: _____

E-Mail: _____ **Phone:** _____

Do You Have Children at West? ___ Yes ___ No **OR** West Staff ___ Yes ___ No

Child's Name _____ Teacher: _____ Grade: _____

Child's Name _____ Teacher: _____ Grade: _____

Child's Name _____ Teacher: _____ Grade: _____

Additional Member's Name: _____

If different than above, please complete

Address: _____

E-Mail: _____ **Phone:** _____

Additional Member's Name: _____

If different than above, please complete

Address: _____

E-Mail: _____ **Phone:** _____

I would like to sponsor _____ memberships for another WEST KNIGHT family.

Total No. of Memberships _____ X's \$6.50 each = \$ _____ (Total Enclosed)
_____ (Or \$4.25 for a Lifetime member)

_____ **please contact me on how I can be an involved parent on the West Elementary Campus.**

Notes/comments:

Thank you for your support!

PLEASE MAKE ALL CHECKS PAYABLE TO WEST ELEMENTARY PTA

Any bounced checks are processed though Checksmart