

James Bowie PTSA Membership Form 2010-2011
\$10.00 per person

Name (first): _____ (last): _____

Membership type _____ Parent

_____ Student: (circle one) Freshman Sophomore Junior Senior

_____ Community Member

_____ Faculty/Staff (position): _____

I am a Texas PTA Lifetime Member: _____ yes _____ no

Address: _____

City: _____ State: _____ Zip code: _____

Phone (home): _____ (cell): _____

(work): _____ (other): _____

Email: _____

I would like to be contacted about volunteer opportunities at Bowie: _____ yes _____ no

Please email me reminders about PTSA events and meetings: _____ yes _____ no

Additional member (same address):

Name (first): _____ (last): _____

Membership type _____ Parent

_____ Student: (circle one) Freshman Sophomore Junior Senior

_____ Community Member

_____ Faculty/Staff (position): _____

I am a Texas PTA Lifetime Member: _____ yes _____ no

Phone (home): _____ (cell): _____

(work): _____ (other): _____

Email: _____

I would like to be contacted about volunteer opportunities at Bowie: _____ yes _____ no

Please email me reminders about PTSA events and meetings: _____ yes _____ no