West Elementary PTA Membership Form 2009/2010

We Want YOU!

Name (first):_____ (last)_____
Student Name: _____
Teacher: _____ Grade_____
Membership type: ($6.00) _____ Parent
_____ Community Member
_____ Faculty/ Staff (position) _____
I am a Texas PTA Lifetime Member :($3.75) _____yes _____no
Address: _____
City: _____ State:_____ Zip code:_____
Phone (home):_____ (cell):_____
(work) :_____ (other):_____
Email: _____
I would like to be contacted about volunteer opportunities at West: _____yes ____no

Additional Member (same address)

Name (first):_____ (last)_____
Student Name: _____
Teacher:_____ Grade_____
Membership type: ($6.00) _____ Parent
_____ Community Member
_____ Faculty/ Staff (position)_____
I am a Texas PTA Lifetime Member: ($3.75) _____yes _____no
Address: _____
City: _____ State:_____ Zip code:_____
Phone (home):_____ (cell):_____
(work) :_____ (other):_____
Email: _____
I would like to be contacted about volunteer opportunities at West: _____yes ____no

PTA USE ONLY: Amount Paid_____ cash /check#_____ received by:_____ receipt#_____