

Membership Enrollment Form



PTA/PTSA Name _____

ANNUAL MEMBERSHIP DUES (Gastos Anuales) _____ **Year (Año)** _____
(National, State, Local) (Nacional, Estado, Local)

Members at \$ _____ per member (_____ Miembros a \$ _____ por Miembro)

Member Type: ___ Parent (P), ___ Student (S), ___ Faculty (F), ___ Community Member (C), ___ Other (O)

Member's Name (Nombre del miembro) _____

Member's Name (Nombre del miembro) _____

Address (Dirección) _____

Telephone Number (Número de teléfono) _____ Email _____

Child's Name (El Nombre del hijo) _____

Grade (Grado) _____ Teacher (Maestro/Maestra) _____

Child's Name (El Nombre del hijo) _____

Grade (Grado) _____ Teacher (Maestro/Maestra) _____

Amount Enclosed (Cantidad Incluido) \$ _____

Member information is entered into the NCPTA database to receive communications.

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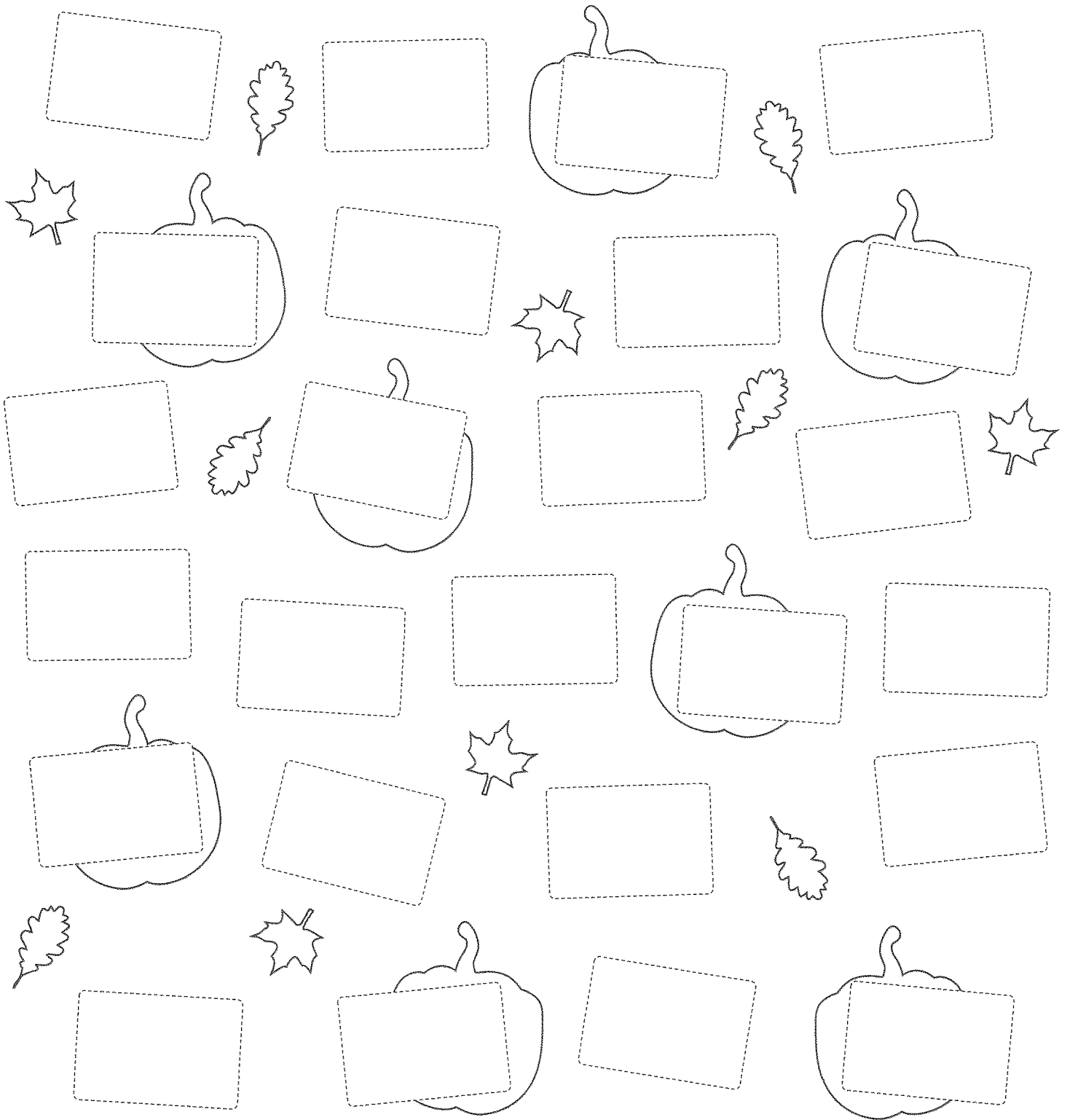
Grade (Grado) _____ Teacher (Maestro/Maestra) _____

Amount Enclosed (Cantidad Incluido) \$ _____

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HARVEST ALL YOUR BOX TOPS AND SEND THEM TO SCHOOL!



Thank you for helping! Clipped Box Tops are each worth 10¢ for your child's school.
Bonus certificates should not be attached to this sheet - please submit them separately.
To see more ways to earn cash for your child's school, go to BTFE.com.