

Annistown Elementary **P**arent **T**eacher **A**ssociation
2011-2012 Membership Drive
Make a difference in the life of a child!

Please Print Clearly

1st Member _____

2nd Member _____

Street Address _____

City _____ Zip Code _____

Home Phone # _____

Cell Phone # _____

Email address (1) _____

Email address (2) _____

Student #1 _____

Grade _____ Teacher _____

Student #2 _____

Grade _____ Teacher _____

Student #3 _____

Grade _____ Teacher _____

of memberships _____ **x \$5 = TOTAL DUE \$** _____

Return with payment to the PTA mailbox...thanks!

FOR PTA BOARD USE ONLY

Paid Cash Paid Check # _____ Amount \$ _____

Received By _____ Date _____ Receipt # _____

Membership Card(s): Given in Person Sent home with student

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