



E. Rivers Elementary 2010-2011 PTA Membership Form

Member Information	Member 1 (\$5) [New E. Rivers car magnet free with each membership!]	Member 2 (\$5) [New E. Rivers car magnet free with each membership!]	
Name	First	First	
	Last	Last	
Relationship to Child (Check one)	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Teacher <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Teacher <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	
Street Address			
City, State			
Zip Code			
Phone			
Cell			
Email			
<p>Please complete the section below. We will send your Membership materials home with the FIRST child listed. Thank you for showing your commitment and joining the E. Rivers PTA.</p>			
Child's First and Last Name		Teacher	Grade
1.			
2.			
3.			
4.			
5.			
(PTA Use Only): TOTAL AMOUNT ENCLOSED: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____			

Please return completed form and payment to the Welcome Desk. Questions? Please contact Angela Douglas (douglasangela@comcast.net) or Guinevere Christmann (christmann@mindspring.com).