



E. Rivers Elementary 2011-2012 PTA Membership Form

Member Information	Member 1 (\$5) [E. Rivers car magnet free with each membership!]	Member 2 (\$5) [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 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 Debbie Whitlock
(dmassara@mindspring.com)