

SCHOOL #1 2021/22 PTA MEMBERSHIP FORM



Circle one: Parent/Guardian; Relative; Teacher/Staff; Other _____

PLEASE PRINT CLEARLY: MEMBERSHIP CARDS WILL BE EMAILED TO THE EMAIL ADDRESS PROVIDED!!

Name: _____

Address: _____

Home: _____ Cell: _____

Email: _____

Student(s):

Name: _____ Grade: _____ Homeroom: _____

Name: _____ Grade: _____ Homeroom: _____

Name: _____ Grade: _____ Homeroom: _____

PAYMENT INFORMATION:

Annual Membership Dues: \$10.00 (includes National & State dues)

Please make checks payable to: SCHOOL #1 PTA

Mailing address: 728 N Wood Avenue, LINDEN, NJ 07036

Local office use:

Payment method: CASH OR CHECK # _____ Date received: ____/____/20____