



Membership Form

\$10 per member. Please place form with cash or check in an envelope. Make checks payable to "Curtner PTA".
 Mark outside of envelope with "PTA Membership". Hand in envelope to the school office.

DATE: _____ **AMOUNT ENCLOSED: \$** _____

Member 1					Member 2				
First Name: _____					First Name: _____				
Last Name: _____					Last Name: _____				
Email: _____					Email: _____				
Phone: _____					Phone: _____				
I am: <input type="checkbox"/> Parent/Gaurdian <input type="checkbox"/> Teacher					I am: <input type="checkbox"/> Parent/Gaurdian <input type="checkbox"/> Teacher				
<input type="checkbox"/> Other: _____					<input type="checkbox"/> Other: _____				
[Volunteer Interest]					[Volunteer Interest]				
<i>Not Interested</i>					<i>Very Interested</i>				
1	2	3	4	5	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student 1									
First Name: _____					Teacher: _____				
Last Name: _____					Room Number: _____				
Student 2									
First Name: _____					Teacher: _____				
Last Name: _____					Room Number: _____				
Student 3									
First Name: _____					Teacher: _____				
Last Name: _____					Room Number: _____				

Any Questions?
 email: membership@curtnerpta.org
 website: www.CurtnerPTA.org