

# Glendale ES PTA Family Membership Form - \$10.00

## PLEASE PRINT

Parent /Guardian Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Phone #1 (\_\_\_\_) \_\_\_\_\_ Phone #2 (\_\_\_\_) \_\_\_\_\_

Email Address (es) \_\_\_\_\_ / \_\_\_\_\_

Contact preference: \_\_\_\_\_ Email \_\_\_\_\_ Mail (if available) \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2

## Please check one:

\_\_\_\_\_ Just keep me informed \_\_\_\_\_ I'm interested in helping at events \_\_\_\_\_ I'm interested in serving on the PTA Board

Please return to your child's teacher \$10.00 cash or check made out to Glendale PTA.

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