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# Sandra Mossman Elementary School PTA 2017 - 2018 Membership Form

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher: \_\_\_\_\_

\*\*\*\*\*

1st Member's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Membership Type :( please circle) **Regular Faculty Life (honorary)**

\*\*\*\*\*

2nd Member's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Membership Type :( please circle) **Regular Faculty Life (honorary)**

\*\*\*\*\*

2015-2016 Mossman PTA Membership Dues - **\$9.00 each** \$ \_\_\_\_\_

Donations to Mossman PTA - Do you need a tax receipt (for *additional* donations)? **Y N** \$ \_\_\_\_\_

Please make checks payable to: **Mossman PTA** Total Amount \$ \_\_\_\_\_

Include driver's license number and phone number on check.

**There will be a \$15 fee for all returned checks.**

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PTA use only: Received by \_\_\_\_\_

Date rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_ Ck # \_\_\_\_\_ Total rec'd \$ \_\_\_\_\_ (cash/ck/cc) please circle

Card Issued \_\_\_\_/\_\_\_\_/\_\_\_\_ (please leave blank if you did NOT issue card)