



# 2017-2018 Newman PTA Membership Form

Member Name(s): \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ # of memberships \_\_\_\_\_ @ \$10.00 each

Amount Enclosed \$ \_\_\_\_\_ Payment Method: \_\_\_ Cash (exact amt) \_\_\_ Check # \_\_\_\_\_ payable to Newman PTA

\_\_\_\_ I do **NOT** want my child to be photographed for Newman PTA blog, Facebook, scrapbook, etc.

\_\_\_\_ I do **NOT** want texts from Newman PTA

Are you a Lifetime Member? Yes \_\_\_ No \_\_\_ If yes, when & where were you awarded? \_\_\_\_\_

\_\_\_\_\_  
Signature/Date

By signing you agree all information is correct. You also acknowledge a fee of \$25 for all returned checks



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