

TRAILSIDE POINT PTA MEMBERSHIP FORM 2010-2011

Check one: Single membership (\$5) _____ Couple Membership (\$10) _____
Teacher membership (\$5) _____

Member #1 Name: _____

Member #2 Name (only for couple memberships): _____

Address: _____

Home Phone Number: _____

Second Phone Number (work, cell, or pager) optional: _____

E-mail Address: _____

Name of Child #1: _____ Teacher: _____

Name of Child #2: _____ Teacher: _____

Name of Child #3: _____ Teacher: _____

Please list other children at Trailside Point on bottom of form.

Checks can be made out to Trailside Point PTA

PTA Use Only:

Date Paid: _____ Amount: _____

Method of Payment: Check #: _____ Cash: _____