



PTA MEMBERSHIP FORM

Your Name _____

Additional Paying Member's Name _____

Child's Name:	Grade:	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Full Address: _____

Phone Number: _____

Email Address: _____

FOR PTA USE ONLY

Card # _____

Card # _____

*The fee to join PTA is \$10 per member or \$15 per family.. Please make checks payable to "Tackan Elementary School PTA". Please include your phone number on the check. Return in an envelope marked **PTA Membership**.*