

2011-2012 PTA Membership Form

Member Information	Member 1	Member 2
Name of Person Joining PTA		
Relationship to Child (Please check one.)	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____
Street Address		
City, State, Zip		
Phone Number		
Cell Phone Number		
Email Address		
Employer		

Child's Name:	Teacher	Grade	Room #
1.			
2.			
3.			
4.			
5.			

Item	Amount
Rocket Pride: \$20.00	\$
Rocket Family: \$13.00	\$
Rocket: _____ members x \$7.00 per member	\$
Total Enclosed	\$
(Please make checks payable to RP-E PTA)	

PTA Use Only: Date _____

Cash Check # _____

Membership Card Issued

Input into database

Completed by _____

“For those whose lives keep them busy elsewhere, thank you for taking the time to simply become an RP-E PTA member. Every membership benefits our school and our children.”