2016–2017

**Sheafe Road**

**Elementary**



Membership Form

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| Sheafe Road Elementary PTA – Please show your support by becoming a member today! |
| We are committed to making every child’s potential a reality by engaging and empowering families and communities to advocate for all children. You can help us reach our goal in this community by becoming a member. Please fill out the form below and return to us with your membership dues. Your dues go toward funding our local programs and advocacy efforts, as well as the advocacy work that our State and National PTA carries out on behalf of *all* children. |

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| **Mailing Address** | | |
| Street | | |
| City | State | Zip code |

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| **Member #1 Information** | | |
| Name | Membership Type  🞏 Standard 🞏 Student  🞏 Additional Family | Email (required to send eCard) |
| Mobile # for Text message  ( ) | Interested in Volunteering  🞏 Yes 🞏 No | Demographic Information for Awards    🞏 Male 🞏 Teacher/Staff 🞏 Community Member |

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| **Member #2 Information** | | |
| Name | Membership Type  🞏 Standard 🞏 Student  🞏 Additional Family | Email (required to send eCard) |
| Mobile # for Text messages  ( ) | Interested in Volunteering  🞏 Yes 🞏 No | Demographic Information for Awards  🞏 Male 🞏 Teacher/Staff 🞏 Community Member |

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| **Member #3 Information** | | |
| Name | Membership Type  🞏 Standard 🞏 Student  🞏 Additional Family | Email (required to send eCard) |
| Mobile # for Text messages  ( ) | Interested in Volunteering  🞏 Yes 🞏 No | Demographic Information for Awards  🞏 Male 🞏 Teacher/Staff 🞏 Community Member |

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| **Member #4 Information** | | |
| Name | Membership Type  🞏 Standard 🞏 Student  🞏 Additional Family | Email (required to send eCard) |
| Mobile # for Text messages  ( ) | Interested in Volunteering  🞏 Yes 🞏 No | Demographic Information for Awards  🞏 Male 🞏 Teacher/Staff 🞏 Community Member |

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| **Student Information** | | |
| Student Name | Grade | Teacher/Homeroom |
| Student Name | Grade | Teacher/Homeroom |
| Student Name | Grade | Teacher/Homeroom |

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| **Please let us know if you’d like more information on any of our programs, would like to volunteer, or have any suggestions or questions.** |
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| **For PTA Use Only** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ X $ ­­­\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Method: 🞏 Cash 🞏 Check # \_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_  # of Members Total Due  Entered in NYS PTA Online Membership System Date:\_\_\_\_\_\_\_\_\_\_\_\_ |