



Membership Form

Please complete this form and return it along with dues payment by **August 7th**. Annual membership dues are \$5 per person. Please note that e-mail addresses are for NCPTA database use only and will NOT be used for solicitation. Use the back of this page, if needed, for additional names.

Please indicate which classroom should receive credit for each membership. (Prizes will be given to students in classes with 100% participation!)

Name: _____ Phone #: _____

City: _____ Zip code: _____ E-mail: _____

Credit membership to this class: Child's teacher: _____ Grade: _____

Name: _____ Phone #: _____

City: _____ Zip code: _____ E-mail: _____

Credit membership to this class: Child's teacher: _____ Grade: _____

Name: _____ Phone #: _____

City: _____ Zip code: _____ E-mail: _____

Credit membership to this class: Child's teacher: _____ Grade: _____

Number of memberships purchased _____ x \$5 =

\$

Cash or check # _____

Total enclosed

☆ **Be sure to make all checks payable to Eaton Elementary PTA.**

For PTA Use:
Payment Received _____ Card Issued _____