

Together Everyone Achieves More...

Join the PTA TEAM

Stonewall Elementary PTA Faculty/Staff Member Form

Thank you for your interest in becoming a member of the Stonewall Elementary PTA. When the faculty and staff work together with the parents and the community, we can help every child to reach his or her potential. Membership is easy, just fill out the form below, attach the \$5 membership fee per member and return it to the school office attention **Michelle Lane, Membership Chair**. You will receive your membership card as soon as your membership is processed. Again, thank you for investing in the future of our children. If you have any questions, please feel free to contact me at mddlane@yahoo.com.

Member Information

Name _____
First Middle Initial Last

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Type of Membership: _____ Parent/Guardian _____ Faculty/Staff _____ Other (_____)

Additional Member Information

Name _____
First Middle Initial Last

Address: (If Different from above) _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Type of Membership: _____ Parent/Guardian _____ Faculty/Staff _____ Other (_____)

Children's Information (If Any)

Child's First Name	Child's Last Name	Teacher	Grade
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Please Make Checks Payable to Stonewall PTA. Each Membership is \$5.

For Office Use Only: _____
Date Received: _____ Sent Card: _____ How Paid: _____ Initials: _____
Member Number: _____