

# Together Everyone Achieves More...

## Join the PTA TEAM

### Stonewall Elementary PTA Member Form

Thank you for your interest in becoming a member of the Stonewall Elementary PTA. Becoming a member of the PTA is the first step you can take in becoming an advocate for your children and all children across the country. Membership is easy, just fill out the form below, attach the \$5 membership fee per member and return it to your child's classroom or 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](mailto: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

Child's First Name	Child's Last Name	Teacher	Grade
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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: \_\_\_\_\_