



# 2017-2018 Membership Form

**Savin Rock 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.

**Member(s) Household Information**

Address		
City	State	Zip

**Member #1 Information**

Name		Email (required to send eCard)
Phone #1 (    )	Mobile # for Text messages (    )	Demographic Info (for awards) <input type="checkbox"/> Male <input type="checkbox"/> School Emp. <input type="checkbox"/> New Member <input type="checkbox"/> Student <input type="checkbox"/> Community Member

**Member #2 Information**

Name		Email (required to send eCard)
Phone #1 (    )	Mobile # for Text messages (    )	Demographic Info (for awards) <input type="checkbox"/> Male <input type="checkbox"/> School Emp. <input type="checkbox"/> New Member <input type="checkbox"/> Student <input type="checkbox"/> Community Member

**Member #3 Information**

Name		Email (required to send eCard)
Phone #1 (    )	Mobile # for Text messages (    )	Demographic Info (for awards) <input type="checkbox"/> Male <input type="checkbox"/> School Emp. <input type="checkbox"/> New Member <input type="checkbox"/> Student <input type="checkbox"/> Community Member

**Member #4 Information**

Name		Email (required to send eCard)
Phone #1 (    )	Mobile # for Text messages (    )	Demographic Info (for awards) <input type="checkbox"/> Male <input type="checkbox"/> School Emp. <input type="checkbox"/> New Member <input type="checkbox"/> Student <input type="checkbox"/> Community Member

**Student Information**

Student Name	Grade	Teacher/Homeroom
Student Name	Grade	Teacher/Homeroom
Student Name	Grade	Teacher/Homeroom

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 in the space provided below

**For PTA Use Only**

_____ X \$ _____	=	_____ Total Due	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Date: _____
Entered in CT PTA Online Membership System			Date: _____	