

PTA Unit: Arnold Elementary

I'm enclosing \$ _____ for _____ memberships at \$ _____ each

I'm enclosing \$ _____ as donation to PTA

Total Amount \$ _____

Please make check payable to: Arnold PTA

Student Name: _____
Teacher/Grade: _____

Name: _____
Address: _____
City/Zip: _____ Phone: _____
Email: _____
 Member is under 18 years of age

Name: _____
Address: _____
City/Zip: _____ Phone: _____
Email: _____
 Member is under 18 years of age

Name: _____
Address: _____
City/Zip: _____ Phone: _____
Email: _____
 Member is under 18 years of age

Name: _____
Address: _____
City/Zip: _____ Phone: _____
Email: _____
 Member is under 18 years of age

Name: _____
Address: _____
City/Zip: _____ Phone: _____
Email: _____
 Member is under 18 years of age

*** Please list additional membership on back of envelope. Thank You! ***

As a member, I understand that my contact information will be shared with the Torrance Council of PTAs and will only be used for PTA purposes. Please see the privacy policy at www.pta.org/privacy_policy.html or call 800.307.4782 for information.



FOR UNIT ACCOUNTING PURPOSES

Date Recd	Ck #/Cash
Ck Name	# of Memberships
Donation	Total