

Del Cerro Elementary PTA Membership Enrollment Form

First Member Name _____

Second Member Name(family membership only) _____

Address _____

Phone # _____ Email _____

Please credit the following classroom(s) for membership(be sure to include all children at Del Cerro)

Child _____ Teacher _____

Child _____ Teacher _____

Child _____ Teacher _____

Child _____ Teacher _____

___ Single Membership\$10.00 (F.F.N. are free with proof of membership)(1 raffle ticket per child)

___ Family Membership\$20.00 (F.F.N. are free with proof of membership)(2 raffle tickets per child)

___ Business Membership\$25.00 (business card goes in directory)
**(F.F.N) Family Fun Nights

As a member, I understand that my address information will be shared with the CA State PTA and the National PTA.

___ Yes, I want my child to be included in the student directory (address, phone number, and email)

___ No, I do not want my child to be included in the student directory (name only, no additional information will be listed)

*Please include this form with the Student Financial Participation Form.

Thank you for your Support with the Del Cerro PTA.

Amy Cortez
2nd VP-Membership

