



Membership Form

_____ Number of Memberships @ \$5.00/per person
_____ Cash _____ Check

Name(s) _____

Address _____

City/State/Zip _____

Telephone Number(s) _____

E-Mail _____

Child's name: _____ **Grade:** _____ **Teacher:** _____

Circle choice(s):

I can help: In Classroom With Events With Projects

Circle choice(s):

I am a: Parent Grandparent Teacher Principal Community Member

Signature

Date

