Amount Paid: _____

AWK-8 PTSA Membership Form

Member(s) Information* (PLEASE WRITE CLEARLY)

Name: _____
First Last

E-mail Address: _____

Home #: _____ Cell #: _____

Occupation: _____

Name: _____
First Last

E-mail Address: _____

Home #: _____ Cell #: _____

Occupation: _____

Name: _____
First Last

E-mail Address: _____

Home #: _____ Cell #: _____

Occupation: _____

Student(s) Information

Child's Name: _____
First Last

Grade: _____ Teacher: _____

Child's Name: _____
First Last

Grade: _____ Teacher: _____

Child's Name: _____
First Last

Grade: _____ Teacher: _____

PTSA DUES ARE $ 10 PER PERSON - CASH ONLY

** None of the information provided will be published or shared with any outside source in anyway. Occupation for career day purposes only.*