



WALNUT GROVE PTA MEMBERSHIP FORM

MOTHER'S NAME _____
 FATHER'S NAME _____
 ADDRESS _____
 CITY _____ ZIP _____

STUDENTS			
FIRST NAME	LAST NAME	TEACHER	GRADE

- YES, LIST US IN THE SCHOOL DIRECTORY WITH NAMES AND ADDRESSED ABOVE.
- NO, DO NOT LIST US IN THE SCHOOL DIRECTORY.

EACH PERSON THAT JOINS THE PTA WILL RECEIVE A SCHOOL DIRECTORY

PTA MEMBERSHIP	
ONE PERSON	(\$16)
TWO PERSONS	(\$25)
TOTAL	

PRINT THE FORM, COMPLETE IT AND RETURN IT TO THE WALNUT GROVE SCHOOL OFFICE WITH YOUR CHECK PAYABLE TO WALNUT GROVE PTA