

CHALLENGER ELEMENTARY SCHOOL PTA MEMBERSHIP FORM 2018-2019



Parent/Guardian Grandparent Teacher/Staff Other

Name: Mr. Ms. Mrs. _____

Address: _____

Home Phone _____ Mobile _____

Email(s): _____

Student(s) Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

PTA Memberships are \$5.00 each. Our goal for 100% membership is one membership per student. If you have more than one student in the school, please consider purchasing more than one membership to help us reach our goal. We are also accepting memberships as donations. We'd love your support!

	QTY. @ \$5 each	TOTAL TO BE PAID
My Memberships		
Donated Memberships		
	TOTAL PAYMENT:	

By joining the PTA you agree to be added to the CES PTA email newsletter list and your specific classroom room parent email list.

check here if you do **NOT** wish to receive news from the PTA

check here if you do NOT want to receive classroom specific emails from your student's room parent or if you do not have a student at the school

CES PTA Use Only

Total Amount Paid _____ Cash Check # _____ Credit Card

PTA Board Member Receiving Money _____

Treasurer Received _____