

Individual Member Form

Please fill out the form below (one for each person) and return it to your child's teacher (parents/family) or to the PTA mail slot (staff), along with your \$5 dues payment, in the envelope provided.

Prefix (Dr./Mr./Mrs./Ms.)	First Name	Last Name	Suffix (Jr./Sr./II/III)
_____	_____	_____	_____
Address 1		Apt/Suite/Unit	City
_____		_____	_____
State	ZIP	Primary phone number	Ext.
_____	_____	_____	_____
This is a: <input type="checkbox"/> Home Address <input type="checkbox"/> Business Address		This phone number is for: <input type="checkbox"/> My home <input type="checkbox"/> My workplace <input type="checkbox"/> Mobile	
Email address			

Child 1 Name	Grade	Teacher	Child 2 Name	Grade	Teacher
_____	_____	_____	_____	_____	_____

As a thank-you for being a valued PTA member and for completing this information, which free items would you like to receive from National PTA? (Check as many as you like. You must provide an email address to receive items.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Online access to <i>Our Children</i> magazine | <input type="checkbox"/> <i>This Week in Washington</i> electronic newsletter when Congress is in session, to learn about legislation that affects families and public schools | <input type="checkbox"/> Parent involvement resources |
| <input type="checkbox"/> <i>The PTA Parent</i> electronic newsletter to
. Learn great parenting tips,
. Access resources on www.pta.org , &
. Receive general PTA news. | <input type="checkbox"/> Exclusive National PTA member benefits and sponsorship info (i.e. discounts, special offers, promotions) | <input type="checkbox"/> Leadership training (e.g. e-learning courses, info on convention) |
| | | <input type="checkbox"/> Participation in the Member-to-Member Network, the grassworks advocacy system that provides direct contact by PTA members with members of Congress, and occasionally with federal regulatory agencies |

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