

Bonnie Gentry PTA Membership Form (2014-2015)



Complete this form and return with **\$6.00 per member.**

PLEASE PRINT

Date: _____

Student Name: _____ Grade: _____ Teacher: _____

Siblings attending Gentry: (each child will be credited with the memberships listed below)

Sibling #1: _____ Grade: _____ Teacher: _____

Sibling #2: _____ Grade: _____ Teacher: _____

Member Name: _____

Address: _____

City: _____ Zip Code: _____ Home Phone #: _____

Male _____ Female _____ Grandparent _____ Cell Phone #: _____

Email Address: _____

Check here if you want information regarding volunteering this year

*****If you do not check one of the boxes below, your address & phone # will be in the PTA Directory.**

DO NOT release my address DO NOT release my phone # DO NOT send me emails

Please make checks payable to "Gentry PTA".

There will be a \$25.00 service charge for any returned checks.

Thank you so much for being part of the Gentry Elementary PTA!!!

*Amount Enclosed: _____	\$6.00 Each Member *(\$3.75 Life member)
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Melinda Briggs
3rd Vice President-Membership
214-505-1885
ibmindy@hotmail.com
gentrypta.weebly.com

FOR PTA USE

Date Received: _____	Card Given: _____
Membership Wall: _____	Class List: _____
Member List: _____	