

Henry M. Flagler Elementary



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MEMBERSHIP APPLICATION

I am interested in joining the 2007-2008 Flagler Parent Teacher Association (PTA)!

Student's Name: _____

Parent's Name: _____

Telephone(s) #: _____

Email Address: _____

- I want to receive PTA information via e-mail.
- I **do not** want to receive PTA information via e-mail.

Membership Fee is \$5.00 Each Person
(Cash or Check Payable to Henry M. Flagler PTA)

If you would like additional family members to join, please list them below.

Name	Phone Number	Homeroom Teacher's Name

I am interested in assisting in the following areas:

_____ Fundraising _____ Membership Drive _____ Other

Additional Donation: \$ _____

Total Donation: \$ _____

NOTE: Please return this form inside the envelope provided along with your contribution to your Homeroom Teacher.