

# 2018-2019 Membership Form

## Wood Park Primary PTA – Please show your support by becoming a member today!

We are committed to making every child's potential a reality by engaging and empowering families and communities to advocate for all children. You can help us reach our goal in this community by becoming a member. Please fill out the form below and return to us with your membership dues. Your dues go toward funding our local programs and advocacy efforts, as well as the advocacy work that our State and National PTA carries out on behalf of all children. The membership fee is \$8.00 for one person or an additional \$5.00 for two people (*The \$13.00 fee is for two members of the same family only and must be for the same child/children.*) **Checks should be made payable to "Wood Park PTA" and dated August 1, 2018 or later.**

### Member(s) Household Information

Address		
City	State	Zip

### Member #1 Information

Name		Email (required to send eCard)
Phone #1 ( )	Mobile # for Text messages ( )	Demographic Info (for awards) <input type="checkbox"/> Male <input type="checkbox"/> School Emp. <input type="checkbox"/> New Member <input type="checkbox"/> Student <input type="checkbox"/> Community Member

### Member #2 Information

Name		Email (required to send eCard)
Phone #1 ( )	Mobile # for Text messages ( )	Demographic Info (for awards) <input type="checkbox"/> Male <input type="checkbox"/> School Emp. <input type="checkbox"/> New Member <input type="checkbox"/> Student <input type="checkbox"/> Community Member

### Member #3 Information

Name		Email (required to send eCard)
Phone #1 ( )	Mobile # for Text messages ( )	Demographic Info (for awards) <input type="checkbox"/> Male <input type="checkbox"/> School Emp. <input type="checkbox"/> New Member <input type="checkbox"/> Student <input type="checkbox"/> Community Member

### Member #4 Information

Name		Email (required to send eCard)
Phone #1 ( )	Mobile # for Text messages ( )	Demographic Info (for awards) <input type="checkbox"/> Male <input type="checkbox"/> School Emp. <input type="checkbox"/> New Member <input type="checkbox"/> Student <input type="checkbox"/> Community Member

### Student Information

Student Name	Grade	Teacher/Homeroom
Student Name	Grade	Teacher/Homeroom
Student Name	Grade	Teacher/Homeroom

*Please consider making a small donation with each membership to the "Commack PTA Council Scholarship Fund".*

### Optional Donation to the Commack PTA Council Scholarship Fund

Amount \$ \_\_\_\_\_

### For PTA Use Only

_____ X \$ _____ = _____	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Date: _____
Number of Members	Total Due	
Entered in NYS PTA Online Membership System		Date: _____