

Arongen PTA Membership Form

Please fill out information only for the parent/guardian wishing to join.
Membership fee is \$5.00 per person/\$10.00 per couple.

Make checks payable to: ARONGEN PTA

Parent/Guardian 1: (please print)

Name: _____ Phone: _____

Address: _____ City: _____ ZIP: _____

E-mail: _____

Parent/Guardian 2: (please print)

Name: _____ Phone: _____

Address: _____ City: _____ ZIP: _____

E-mail: _____

Please fill in the information below for all Arongen students in your family:

<u>Student</u>	<u>Grade</u>	<u>Teacher</u>	<u>Kindergarten</u>	
_____	_____	_____	AM____	PM____
_____	_____	_____	AM____	PM____
_____	_____	_____	AM____	PM____
_____	_____	_____	AM____	PM____

Directory Each PTA member will receive a Membership Directory. I give my permission for the above information to be printed in the Directory.

Yes _____ No _____ Signature _____ Date _____

Donation My payment includes an additional **tax-deductible** donation to support the Arongen PTA of:
◇ \$10 ◇ \$5 ◇ \$2 ◇ \$1 ◇ other _____

Local Business Owners

As a thank you for your supporting the Arongen PTA with your membership, we would like to support your business with a free, one-line listing in our Membership Directory. It is our hope that Arongen families and friends will frequent your business for their needs! Please provide the information below:

Type of Business (i.e. grocer, florist, etc) _____

Business Name: _____

Business Address (Street, City): _____

Business Phone: _____ Contact Name: _____

Website/E-mail: _____

SPECIAL OFFER: Would your business be interested in having a free 1/8 page coupon in the directory? Send a print ready coupon in with this form or contact one of the co-chairs.



Questions?: Contact one of the Co-Chairs

Bridget Pizzarelli, BPizzarelli@PricelessDVDShow.com Tricia Tierney, tierneytricia@yahoo.com.