



Membership Form 2006 Campaign

Parent: _____ Parent: _____

Grandparent: _____ Grandparent: _____

Guardian: _____ Other: _____

My email address is: _____

My home address is: _____

My phone number is: _____

Student(s) Name and Classroom # / Teacher:

Cost per membership is \$5

Method of payment

Check # _____
Payable to Guilford PTA

Cash

TOTAL: _____

**I would love to volunteer at
Guilford Hills during school hours in
any room that I am needed.**

YES / NO

I can only help in my child's class.

YES / NO

PTA Official Use Only

Date: _____ Membership dues received by: _____ Card # (s) Assigned _____