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|  | **Membership Form (2 Members)** |
| Thank you for your interest in joining PTA! Please fill out this form below and return it to the appropriate person at your local PTA (president, membership chair, etc.) along with your dues payment. When PTA gets involved, children benefit. When you get involved with PTA, the child who benefits most is your own. |

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| □ Mr. □ Miss. □ Mrs. □ Ms. □ Other | | | | | | | | | | | | | | Membership Fee $ | | | | | | | | | | | Date \* | | | | | | | | | |
| First name of primary member\* | | | | | | | | | | | | | | | | Last name\* | | | | | | | | | | | | | | | | | | |
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| □ Mr. □ Miss. □ Mrs. □ Ms. □ Other | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| First name of secondary member\* | | | | | | | | | | | | | | | | Last name\* | | | | | | | | | | | | | | | | | | |
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| Address\* | | | | | | | | | | | | | | | | | Apt/suite/unit | | | | | | | City\* | | | | | | | | | | |
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| State\* | | | Zip\* | | | | | | | Primary phone number\* | | | | | | | | | | | |  | Secondary phone number | | | | | | | | | | | |
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| E-mail address\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \*Reguired Fleid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PTA USE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount paid $ | | | | | | | | | | □ Cash □ Check # | | | | | | | | | | | | | | | | | | | | | | | | |

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|  | **Membership Form (2 members)** |
| Thank you for your interest in joining PTA! Please fill out this form below and return it to the appropriate person at your local PTA (president, membership chair, etc.) along with your dues payment. When PTA gets involved, children benefit. When you get involved with PTA, the child who benefits most is your own. |

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| □ Mr. □ Miss. □ Mrs. □ Ms. □ Other | | | | | | | | | | | | | | Membership Fee $ | | | | | | | | | | | Date \* | | | | | | | | | |
| First name of primary member\* | | | | | | | | | | | | | | | | Last name\* | | | | | | | | | | | | | | | | | | |
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| □ Mr. □ Miss. □ Mrs. □ Ms. □ Other | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| First name of secondary member\* | | | | | | | | | | | | | | | | Last name\* | | | | | | | | | | | | | | | | | | |
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| Address\* | | | | | | | | | | | | | | | | | Apt/suite/unit | | | | | | | City\* | | | | | | | | | | |
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| State\* | | | Zip\* | | | | | | | Primary phone number\* | | | | | | | | | | | |  | Secondary phone number | | | | | | | | | | | |
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| E-mail address\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \*Reguired Fleid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PTA USE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount paid $ | | | | | | | | | | □ Cash □ Check # | | | | | | | | | | | | | | | | | | | | | | | | |