

# ***Fort Foote Elementary School***

## ***2014 - 2015 PTA MEMBERSHIP APPLICATION***

Please return this form along with your payment to the next PTA event or to your student's teacher in an envelope marked "PTA".

**Annual Dues: \$10**

Name **(please print clearly)**: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Returning member?  Yes or  No

Interested in Volunteering  Yes or  No

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**Comments/Suggestions:**