

## **Willow Grove PTA Annual Membership Form**

Thank you for completing the information below. We are anxious to work with you as part of the Willow Grove community this year. Your membership cards and coupons for this year will be distributed in October.

Student(s) Name(s): \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Student(s) Name(s): \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Student(s) Name(s): \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

### **Annual Membership Information:**

1) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

2) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Number of Memberships \_\_\_\_\_ x \$10.50 each = \_\_\_\_\_

(Please make checks payable to the Willow Grove PTA)

\_\_\_\_ Unable to participate at this time (Please still complete student and teacher information above so that your classroom(s) will qualify for a special treat for your teacher). Classroom with the total highest percentage of returned forms will receive some additional funds for classroom supplies.

**Thank you for your support!!!**

Willow Grove Elementary  
**PTA**  
everychild.onevoice.®

