

# HAMMARSKJOLD PTA Membership Payment Envelope

PLEASE PRINT:

Parent / Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

(street)

(town)

(zip)

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**We would like to join the PTA!**

\_\_\_\_\_ \$10.00 per family membership

Please make your \$ 10.00 check payable to:

**HAMMARSKJOLD PTA**

\_\_\_\_\_ Please accept my additional donation

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

House# \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

House# \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

**Thanks for joining the PTA – Hammarskjold Executive Board**