



Willow Bend PTA 2006-2007 Membership Form

Please join the Willow Bend PTA
And support your child's school!

Parents/Guardians Full Names:

Mother/Guardian _____ Father/Guardian _____

Complete Address: _____ City/Zip _____

Phone Number: _____ E-mail _____

Students Name: _____ Grade/Teacher: _____

Students Name: _____ Grade/Teacher: _____

Students Name: _____ Grade/Teacher: _____

Students Name: _____ Grade/Teacher: _____

Membership Dues:

\$3.25 per Single Parent Household

\$6.50 per Two (2) Parent Household

Total: \$ _____

Voluntary Contribution: \$ _____

Corporate Match: \$ _____

Amount Enclosed (Tax Deductible): \$ _____

(Please make checks payable to "Willow Bend PTA")

Please complete the above membership form and return it to school with your payment in an envelope marked "PTA Membership."

Your support is ***GREATLY*** appreciated!!