

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 _____

2nd Child's Name _____ Grade _____

House# _____ Homeroom Teacher _____

Thanks for joining the PTA – Hammarskjold Executive Board