

Membership Application

Name: _____ \$7

Name: _____ \$7

Address: _____

Telephone Number: _____

E-mail: _____

Child's Name (s): _____

Membership Due: \$7.00 per adult

Total Number of Member Applicants: _____ x \$7 = _____

Total amount submitted: _____ Circle one: Cash or Check

Make checks payable to the "Garden Road PTA"

Thank you for your contribution to the Garden Road PTA