



Mount Arlington PTA



PTA Membership Application for 2015 - 2016

Mother/Guardian's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address _____ Amount due: \$8.00



Father/Guardian's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address _____ Amount due: \$8.00



CHILD(REN)'S NAME(S)

GRADE/TEACHER

_____	_____
_____	_____
_____	_____
_____	_____

Please note, the Mt Arlington PTA will be including you in the e-mail distribution list.

Please return this form along with your membership dues of **\$8.00 per adult** to your child's school no later than Thursday, October 1, 2015.

Contact Melissa Eckert at eckert2@optonline.net with any questions.

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OFFICIAL USE ONLY

Date received: _____

Dollar amount received: \$ _____ Cash: _____ / Check: _____