

# Membership Application

Trip Elementary School



*everychild.onevoice.*<sup>®</sup>

Please complete one form per family.

All adult family members are invited to join! Membership is just \$5 per person.

MEMBER'S NAME \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY, ZIP CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
RELATIONSHIP TO STUDENT \_\_\_\_\_

MEMBER'S NAME \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY, ZIP CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
RELATIONSHIP TO STUDENT \_\_\_\_\_

I am a faculty/staff member at TES.

Position \_\_\_\_\_

I [we] have the following child[ren] at Trip Elementary:

CHILD'S NAME _____	TEACHER _____	GRADE _____
CHILD'S NAME _____	TEACHER _____	GRADE _____
CHILD'S NAME _____	TEACHER _____	GRADE _____

MEMBERSHIP AMOUNT DUE @ \$5 EACH \_\_\_\_\_

PTA DONATION – This voluntary donation will become part of our operating budget, and will fund programs throughout the year. \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

Cash or Check # (Payable to TES PTA) \_\_\_\_\_

PTA MEMBERSHIP CARD(S) # \_\_\_\_\_ # \_\_\_\_\_

Thank you for joining TES PTA! Each membership helps our school and its PTA, The Georgia PTA, and The NATIONAL PTA continue to work hard on behalf of our children.