

PTA Unit: ADAMS ELEMENTARY PTA

I'm enclosing \$ _____ for _____ memberships at \$7.50 each
I'm enclosing \$ _____ as donation to PTA
Total Amount \$ _____
Please make check payable to: JOHN ADAMS PTA

Student Name: _____
Teacher/Grade: _____

Name: _____
Address: _____
City/Zip: _____ Phone: _____
Email: _____

Member is under 18 years of age
 Member does NOT wish to receive information from CA & National PTA

Name: _____
Address: _____
City/Zip: _____ Phone: _____
Email: _____

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*** Please list additional membership on back of envelope. Thank you! ***

As a member, I understand that my address information will be shared with the Torrance Council of PTAs, California State PTA and National PTA and will only be used for PTA purposes. Please see the privacy policy at www.pta.org/privacy_policy.html or call 800.307.4782 for information.



FOR UNIT ACCOUNTING PURPOSES

Date Recvd	Ck #/Cash
Ck Name	# of Memberships
Donation	Total

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