



Clinton PTA Membership Form 2016/2017

Date: _____

Yes, I would like to be a member of the Clinton PTA!

I am: renewing my membership: _____ a new member: _____

not ready to become a member, but please keep me informed: _____

Individual Membership \$15
one-year membership

Family Membership (two adults
at the same address) \$25 one-year
membership

In-District Teacher Membership \$5.50 one-year membership

Student Membership \$5.50 one-year membership

Last: _____ First: _____

Add'l Family Member: _____

Mailing Address: _____

Telephone: _____

E-mail #1: _____ E-mail #2: _____

Child(ren)'s school(s): _____ Grade(s): _____

Please indicate if you have particular areas of interest or are a professional in special education/general education/related fields:

May we email you updates about Clinton PTA programs/issues/initiatives? Yes _____ No _____

May we publish your contact information in our directory? Yes _____ No _____

Additional donation (optional): \$ _____ (All donations to Clinton PTA, which is a 501c3 tax exempt organization, are tax deductible to the extent permitted by law.

Make checks payable (and if applicable, mail form) to:

Clinton PTA
P.O. Box 736
Clinton, CT 06413

Payment may be made via PayPal at our website:

www.clintonpta.org