



# Calallen Middle School PTA

*Anyone can join PTA because there is no CommYOUity without you!*

Students Name: \_\_\_\_\_ Grade : \_\_\_\_\_

Member #1 \* Parent or Faculty (please circle one) Member #2 \* Parent or Faculty (please circle one)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Dues amount per member: \$6.00 X \_\_\_\_\_ = \_\_\_\_\_

I would like to make a donation of: \_\_\_\_\_

Total amount enclosed: \_\_\_\_\_

Please make checks payable to CMS PTA. There will be a \$15.00 fee for all returned checks.



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