

2017-2018 Membership Application

Dues are \$11.50 per person.
Include cash or make check payable to <u>Tualatin Elementary PTA</u>

Member Name				
Address				
City		State	Zip	
Preferred phone				
Email				
Please choose one: Parent Com				
Please list names of	your students and the	ir teachers at this scho	ol:	
Student's name			Teacher	
Student's name			Teacher	
Student's name			Teacher	
Student's name			Teacher	
	is registered with the	a 501(c)(3) not-for-profit Oregon Department of Ju eductible as a charitable		
www.tualatinelementarypta.org tualatinpta@gmail.com			@gmail.com	
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For unit use:				
Date received	Amount received _	Cash	or Check #	
Entered to roster	by	Remittance form date _	and #	
Remittance sent to Oreg	on PTA Date:	Che	Check #	