PLEASANTON PTA COUNCIL

COUNCILWIDE MEMBERSHIP FORM 2011/2012

PLEASE PRINT CLEARLY

Name: First: _____ Last: _____

Address/City/ZIP:_____
(required for membership)

Home Phone: _____

Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

As a PTA member, I understand that my name & address information will be shared with the California State PTA & the National PTA and will only be used for PTA purposes. I will have an opportunity to define the amount of contact I receive from PTA.

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Choose your affiliation - Join one or all!

Write one check for all memberships - Payable to Pleasanton PTA Council

	Student Name / Grade , if any		Price	Amount
Elementary Schools:				
Alisal	_____	☐	$12.00 =	**$** _____
Fairlands	_____	☐	$10.00 =	**$** _____
Hearst	_____	☐	$13.00 =	**$** _____
Mohr	_____	☐	$13.00 =	**$** _____
Vintage Hills	_____	☐	$18.00 =	**$** _____
Walnut Grove	_____	☐	$15.00 =	**$** _____
	Subtotal to join all Elementary PTAs:		$ 81.00	
Middle Schools:				
Harvest Park	_____	☐	$15.00 =	**$** _____
High Schools:				
Amador Valley	**(special business membership rate)**	☐	$10.00 =	**$** _____
	Total to join all Pleasanton PTAs:		$106.00	
	Total Due……..			**$** _____

I understand that membership is non-refundable and
that my membership card for each PTA I join will be mailed to the address I have provided.

Signature: _____ **Date:** _____

Mail completed form and check to: **Pleasanton PTA Council**
PO Box 1065, Pleasanton, CA 94566