



# Enrollment Form 2009/2010



Please print clearly

**Pleasanton PTA membership is required to participate in this program.**

- I am already a PTA member for the 2009-2010 school year at \_\_\_\_\_ (school site).
  - I am joining the \_\_\_\_\_ PTA. My membership form and payment are attached.
- \*\*If you have a student at the site you are joining, please include their name and grade on the membership form.\*\***

**This information is required and will be used by the Pleasanton PTA Council to process/verify membership:**

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

**The following information will be disclosed to our members as part of the *PTA Shops Ptown* program.**

Business Name \_\_\_\_\_

Business Phone \_\_\_\_\_

Email address (optional) \_\_\_\_\_

Web Address (optional) \_\_\_\_\_

Business Address \_\_\_\_\_

(Address optional if home based or web based business) PLEASANTON, CA 945 \_\_\_\_\_

Description of business \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Discount or special offer (required)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle Yes or No. Is business brick-and-mortar? Yes No If yes, a window cling will be mailed to you.

Does your business have a logo that you would like included on the Pleasanton PTA Council website? Yes No

I certify that I have the authority necessary to enroll in this program. I understand that Pleasanton PTA Council must approve my application before I can participate in the program. Pleasanton PTA Council reserves the right to cancel this agreement or this program at any time. PTA membership expires October 31, 2010. To continue in this program after this date, reenrollment in this program and renewal of PTA membership is required. I have read and understand the *PTA Shops Ptown* Program Facts. I understand that PTA will not endorse, warrant or recommend any product or business.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**Mail completed enrollment form and membership form/fee (if required) to:**

**Pleasanton PTA Council  
PO Box 1065, Pleasanton, CA 94566-0106**

**Current PTA members may fax completed enrollment form to (415) 462—5157 as no payment is required.**

To be used by Pleasanton PTA Council only: Initials: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Verified Membership:  Yes Payment Received: \_\_\_\_\_