



PTA SUPER FAN REFERRAL FORM

I want to support the students and staff of

_____ *by joining their PTA.*

New Member Name(s): _____
(First and Last Names)

New Member Address: _____
(Street, City, Zip Code)

New Member E-mail Address: _____

I was referred by: _____
(First and Last Name)

Name of students (if applicable): _____ Grade(s): _____

I am a(n): (check one)

- Extended Family Member (Grandparent, aunt/uncle, sibling, etc.)
 Caregiver
 Neighbor/Family Friend
 Community Member
 Community Leader (position) _____
 Other _____

PTA Membership Fee \$ _____ per member

Number of Members: _____ Total Membership fee(s): \$ _____

Form of Payment: Cash _____ Check # _____ Other _____
Please make checks payable to _____

Please send this form along with your payment to:

PTA Membership Chairman

School: _____

Address: _____

Thank you for your support.