



2009-2010 PTA Membership

Please PRINT Name and Contact Information			Amount
Parent 1 Name:			\$7.50
Mailing Address:			
Home Phone:			
E-mail:			
Child's Name:	Teacher Name:	Grade:	
Parent 1 Signature _____			Date: _____
Parent 2 Name:			\$5.50
Mailing Address:			
Home Phone:			
E-mail:			
Parent 2 Signature _____			Date: _____
			PTA Dues Total: _____

Make checks payable to CES-PTA.

* If you are joining the PTA, it is necessary to provide your address in order to comply with the National PTA's Online Membership and Dues Reporting (OMDR) System requirements.

For any questions please contact Carol Streeter, (410) 451-8943 or carol.streeter@verizon.net.