

# Bellview Elementary



everychild.one voice.™

## 2009-2010 Membership Form

Thank you for your interest in joining the Bellview PTA. Please print, fill out (entirely) and return this form to your child's teacher along with your payment.

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When PTA gets involved, children benefit.

When you get involved with PTA, the child who benefits the most is your own.

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Make checks payable to **Bellview PTA.**

*(select one)*

\$4 Individual Membership

\$7 Joint Membership

**Parent/Guardian FULL Name:** \_\_\_\_\_  
*(ex: Mr. John Smith, Jr.)*

**Parent/Guardian FULL Name:** \_\_\_\_\_ *(for joint mbrs)*

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

*(Circle one)*

Is this a home or business address? **home business**

**Your** Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*(Circle one)*

Is this a home, work or cell number? **home work cell**

**Your** email address: \_\_\_\_\_@\_\_\_\_\_