



Individual Member Form

Thank you for your interest in joining PTA! Please fill out the form below and return it to the appropriate person at your local PTA (president, membership chair, etc.) along with your dues payment. When PTA gets involved, children benefit. When you get involved with PTA, the child who benefits most is your own.

Prefix (Dr. Miss. Mr. Mrs. Ms.) First name* Last name* Suffix (Jr. Sr. II III)
Address 1* Apt./suite/unit City*
State* ZIP/PC* Country This is a Primary phone number Ext. This phone number is for
 Home address Business address My home My workplace Mobile
E-mail address
*Required Field



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