



BECOME A MEMBER TODAY!



Vinci Park PTA Membership Registration

Person who wishes to join Vinci Park PTA: Return completed form with dues to your child's teacher.

1. _____ Parent/*Padre* Teacher Staff Other
Name (last, first) *Nombre (apellido, primero)*

_____ (_____) _____
E-mail Address *Dirección de correo electrónico* Phone Number *Número de teléfono*

_____ Address (street/mailling address, city, zip) *Dirección/Ciudad/Código postal*

2. _____ Parent/*Padre* Teacher Staff Other
Name (last, first) *Nombre (apellido, primero)*

_____ (_____) _____
E-mail Address *Dirección de correo electrónico* Phone Number *Número de teléfono*

_____ Address (street/mailling address, city, zip) *Dirección/Ciudad/Código postal*

Your student(s) enrolled at Vinci Park: *Sus estudiantes en esta escuela:*

Name <i>Nombre</i>	Teacher <i>Maestro</i>	Grade <i>Nivel</i>	Room # <i># de salon</i>

Dues for each member are \$10.00 x _____ members(s) = \$ _____

In addition to my membership dues, I am making a donation of \$ _____ to the Vinci Park PTA.

Total Amount Enclosed \$ _____

Make checks payable to Vinci Park PTA.

Thank you for helping to make a difference!

<small>Form revised: 09/07/2016</small>	PTA Use Only:
Total Amount Received: \$ _____	Verified by: _____
Cash: _____	Check #: _____
Membership Card Delivered: ____/____/____	# of Membership Cards: _____