



# 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 Nombre	Teacher Maestro	Grade Nivel	Room # # de salon

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!

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