



# Individual Member Form

Thank you for your interest in joining PTA! Please fill out this 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.

Mr.  Miss.  Mrs.  Ms.  Other \_\_\_\_\_ Date\* \_\_\_\_\_

\_\_\_\_\_  
First name\* \_\_\_\_\_ Last name\* \_\_\_\_\_  Jr.  Sr.  II  Other \_\_\_\_\_

Home address \_\_\_\_\_  
Address \* \_\_\_\_\_ Apt/suite/unit \_\_\_\_\_ City\* \_\_\_\_\_

\_\_\_\_\_  
State\* ZIP/PC\* \_\_\_\_\_ Country \_\_\_\_\_  Home  Work  Mobile \_\_\_\_\_  
Primary phone number \_\_\_\_\_ Ext. \_\_\_\_\_

\_\_\_\_\_  
E-mail address\* \_\_\_\_\_ \*Required Field



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State\* ZIP/PC\* \_\_\_\_\_ Country \_\_\_\_\_  Home  Work  Mobile \_\_\_\_\_  
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