

Slingerlands PTA Membership and Directory Form

Please Return to Tami Richter, Co-President by September 19th

PTA Membership Form

Complete this first section of the form if you wish to join the PTA. Membership dues are **\$7.00 per person or \$14.00 per family**. The PTA directory is only distributed to PTA Members - if you do not pay membership dues you will not receive a copy of the directory. Please direct any questions to Lauda Thompson, VP of Membership: rjt71@hotmail.com. Checks should be made payable to **Slingerlands PTA**.

In an effort to be more environmentally friendly we would like to keep you informed of information and events electronically. Please provide us with your email address.

Parent/Guardian Name(s): _____

Email Address: _____

Street Address: _____

Delmar: _____ Slingerlands: _____ Clarksville: _____ Phone Number: _____

Children's Names and Teachers: _____

Membership Type (circle): Individual (\$7) Family (\$14)

2nd Parent/Guardian Address and Phone {if needed):

Parent/Guardian Name: _____

Email Address: _____

Street Address: _____

Delmar: _____ Slingerlands: _____ Clarksville: _____ Phone Number: _____

PTA Directory

All PTA members are automatically listed in the PTA Directory. Please indicate below if you do **NOT** wish to be included in the directory.

_____ I do **NOT** wish to be listed in the PTA directory.

OVER :>

PTA Directory Form

Complete this section if you would like your name in the PTA directory REGARDLESS of whether you join PTA. The PTA directory includes listings of all teachers, class rosters, and contact information of all families who wish to be included. **Everyone is encouraged** to list their contact information in the directory. **The directory is only distributed to PTA Members - if you do not pay membership dues you will not receive a copy of the directory.** Please direct any questions to the PTA Membership Chair: Lauda Thompson rjt71@hotmail.com.

Parent/Guardian Name(s): _____

Street Address: _____

Delmar: _____ Slingerlands: _____ Clarksville: _____ Phone Number: _____

Email Address: _____

Children's Names and Teachers: _____

2nd Parent/Guardian Address and Phone [if needed]:

Parent/Guardian Name(s): _____

Street Address: _____

Delmar: _____ Slingerlands: _____ Clarksville: _____ Phone Number: _____

Email Address: _____

Comments: _____
