

# College Gardens PTA Membership & Directory Form

Student Name(s)

Grade/Teacher

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Member / Directory Information:

### Contact Information for Student(s) Above:

Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Contact Information for Parent(s)/Guardian(s)<sup>(\*)</sup>:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

### Other Contact Information<sup>(\*\*)</sup>:

Name: \_\_\_\_\_ Email Address<sup>(\*)</sup>: \_\_\_\_\_  
 Address/City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

<sup>(\*)</sup> Information need not be repeated if it is the same as information already provided for student(s).

<sup>(\*\*)</sup> If students live with just one parent and you wish to include address of second parent, use the "Other Contact Information" section for that second parent.

**Please indicate below whether and to what extent the information on this form may be printed in the school directory.**

- Yes**, please include ALL of the Member / Directory Information provided above in the School Directory.
- No**, I do not want any Member / Directory Information to be included in the School Directory.
- Yes, please include my listing in the School Directory but **EXCLUDE** the following information:

### PTA Membership 2012-2013 – Join now and get your PTA Family Star in the Directory!!!

2012-2013 PTA Individual Membership	\$15
Additional Parent/Guardian Membership	\$10
Additional Membership	\$10
Staff Membership	\$7
Tax-Deductible Donation (Thank you!)	\$ _____
<b>TOTAL PAYMENT</b>	<b>\$ _____</b>

**Earn Free \$\$\$ for College Gardens Elementary School**  
 Remember, even if you registered your card(s) last year, you must re-register each year for our school to receive credit.

Giant Bonus Card # \_\_\_\_\_

Safeway Bonus Card # \_\_\_\_\_

Return this application with your check made out to **CGES PTA** to the Front Office or mail it to school:  
 Questions? Please contact Kelly Mendolsohn, our PTA VP of Membership, at [Kelly\\_Mendolsohn@yahoo.com](mailto:Kelly_Mendolsohn@yahoo.com)