

2011-2012 Greenvale PTA Membership

Member Information:	Member 1	Member 2
Name of Parent/Guardian:		
Membership Dues:	\$10 single membership	\$5 each additional member per household
E-Mail Address: (In order to be included in PTA E-Mail Blasts)		

** Your e-mail address will be included on the Greenvale PTA, NYSPTA, National PTA, and Eastchester Council PTA electronic mail distribution list. Please check off to opt OUT .

Child's Name:	Teacher:	Grade 2011-2012
1.		
2.		
3.		
4.		

YES, I would like additional directories at \$3.00 each ____ x \$3.00 = \$ ____

Amount Enclosed \$ _____ **Check Number** _____

Please make checks payable to Greenvale PTA and return via backpack in an envelope marked "PTA – Membership"

Alternatively you may mail your completed form to:
 Andrew Santamaria
 33 Alkamont Avenue
 Scarsdale, NY 10583

Your membership entitles you to NYS PTA and National PTA Membership.

PTA Use Only: Date _____ Check # _____ Amount Received \$ _____

Membership No(s): (1) _____ (2) _____ Completed by _____