



MEMBERSHIP FORM

Member Name: _____

Member Name: _____

Address: _____

Phone: _____

Email: _____

Child's Name: _____

Grade/Teacher: _____

Child's Name: _____

Grade/Teacher: _____

Child's Name: _____

Grade/Teacher: _____

Dues enclosed (\$5/person): _____

Additional contribution: _____

YOUR SUPPORT MAKES A DIFFERENCE
FOR OUR CHILDREN!