

**PTA Dues Membership Form – 2006/2007**  
**Forma Para Cuotas De Miembrose**

Number of Memberships     One (\$5.00)     Family (\$10.00)

(Print) Member Name/Nombre de Miembro: \_\_\_\_\_

Address/Domicilio: \_\_\_\_\_

City, St, Zip/Cuidad, Estado, Codigo Postal: \_\_\_\_\_

Phone #/ Telefono #: \_\_\_\_\_

E-Mail / Domicilio Electronico: \_\_\_\_\_

Check all that apply to you, the member(s):     Parent/Guardian     Faculty/Staff     Student  
 Community Member     Texas Life Mmbr

I would like to receive the PTA Membership Card  
 I would like to be contacted about volunteering / Llame atraves el terna de voluntario(a)

Students Name(s) & Teacher (in this school) / Nombre de Estudiantes y Maestro(a) (En Esta Escuela):

Student	_____	Grade	___	Teacher	_____
Student	_____	Grade	___	Teacher	_____
Student	_____	Grade	___	Teacher	_____
Student	_____	Grade	___	Teacher	_____
Student	_____	Grade	___	Teacher	_____

Checks can be made out to Baranoff PTA. Please return in an envelope to your child's teacher.  
Mark envelope "PTA Membership".