

CHURCHILL JR. HIGH SCHOOL PTA Membership Payment Envelope

PLEASE PRINT CLEARLY:

Parent / Guardian Names: _____

Address: _____
(street) (town) (zip)

Home Phone: _____ Cell: _____

E-Mail: _____

We would like to join the PTA!

_____ \$10.00 per family membership

Please make your check payable to: **CHURCHILL PTA**

_____ Please accept the enclosed donation: \$ _____

Return this envelope to school with your child

OR send to: Churchill PTA – attention: Membership VP
18 Norton Road E. Brunswick, NJ 08816

1 st Child's Name _____ Grade _____
Homeroom Teacher _____
2 nd Child's Name _____ Grade _____
Homeroom Teacher _____
Churchill PTA Executive Board says "Thanks" for joining the PTA

For PTA Membership Office Only		
Check/Cash \$ _____	Date _____	PTA # _____