



# 2024-2025 Membership Form

Please support field trips and family events!

Dues are: **\$10 - adult** **\$8 - child**  
**\$34 for 4** **\$42 for 5**

<b>Member 1 Name:</b> _____ Address: _____ _____, NY 142_____ Email: _____@_____ Cell Phone: ( ) _____ - _____ Home Phone: ( ) _____ - _____ ___ Mother ___ Father ___ Child ___ Grandparent ___ Teacher/Staff ___ Friend/Neighbor ___ Other: _____ ___ I would like to volunteer	<b>Member 2 Name:</b> _____ Address: ___ same as first _____, NY 142_____ Email: _____@_____ Cell Phone: ( ) _____ - _____ Home Phone: ( ) _____ - _____ ___ Mother ___ Father ___ Child ___ Grandparent ___ Teacher/Staff ___ Friend/Neighbor ___ Other: _____ ___ I would like to volunteer	<b>Member 3 Name:</b> _____ Address: ___ same as first _____, NY 142_____ Email: _____@_____ Cell Phone: ( ) _____ - _____ Home Phone: ( ) _____ - _____ ___ Mother ___ Father ___ Child ___ Grandparent ___ Teacher/Staff ___ Friend/Neighbor ___ Other: _____ ___ I would like to volunteer	<b>Member 4 Name:</b> _____ Address: ___ same as first _____, NY 142_____ Email: _____@_____ Cell Phone: ( ) _____ - _____ Home Phone: ( ) _____ - _____ ___ Mother ___ Father ___ Child ___ Grandparent ___ Teacher/Staff ___ Friend/Neighbor ___ Other: _____ ___ I would like to volunteer	Please list all students that attend Clinton Street Elementary: Name: _____ Grade: K 1 2 3 4 Teacher _____ Name: _____ Grade: K 1 2 3 4 Teacher _____ Name: _____ Grade: K 1 2 3 4 Teacher _____ Name: _____ Grade: K 1 2 3 4 Teacher _____
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Office Use Only:

Date \_\_\_\_\_ Payment Method: \_\_\_ Cash \_\_\_ Check# \_\_\_\_\_ Total \$ \_\_\_\_\_ Initials: \_\_\_\_\_

\_\_\_ adults x \$10= \$ \_\_\_\_\_ child(ren) x \$8 = \$ \_\_\_\_\_ \$34 Family of 4 \_\_\_ \$42 Family of 5



search: Clinton Street Elementary PTA