

2024-2025 Membership Form

Please support field trips and family events!

Dues are: \$10 - adult \$8 - child

\$34 for 4 \$42 for 5

Member 1 Name:	Member 2 Name:	Member 3 Name:	Member 4 Name:	Please list all students that attend Clinton Street Elementary:
Address:	Address: same as first	Address: same as first	Address: same as first	Name:
, NY 142	, NY 142	, NY 142	, NY 142	Grade: K 1 2 3 4 Teacher
Email: @	Email:	Email: @	Email:	leacher
Cell Phone:	Cell Phone:	Cell Phone:	Cell Phone:	Name:
Home Phone:	Home Phone:	Home Phone:	Home Phone:	Grade: K 1 2 3 4
				Teacher
Mother Father	Mother Father Child	Mother Father	Mother Father Child	Name:
Grandparent	Grandparent	Grandparent	Grandparent	Grade: K 1 2 3 4
Teacher/Staff	Teacher/Staff	Teacher/Staff	Teacher/Staff	Teacher
Friend/Neighbor	Friend/Neighbor	Friend/Neighbor	Friend/Neighbor	
Other:	Other:	Other:	Other:	Name:
I would like to volunteer	Grade: K 1 2 3 4 Teacher			

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