

2022-2023
Membership Form

Please support our teachers and students!

**Dues are: \$7 - adult \$5 - child
 \$20 for a family of 4
 \$25 for 5+**



Member 1 Name:	Member 2 Name:	Member 3 Name:	Member 4 Name:	
_____	_____	_____	_____	<i>Please list all students that attend Clinton Street Elementary:</i>
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
Email: _____	Email: _____	Email: _____	Email: _____	Teacher _____
_____@_____	_____@_____	_____@_____	_____@_____	Name: _____
Cell Phone: _____	Cell Phone: _____	Cell Phone: _____	Cell Phone: _____	Grade: K 1 2 3 4
() _____ - _____	() _____ - _____	() _____ - _____	() _____ - _____	Teacher _____
Home Phone: _____	Home Phone: _____	Home Phone: _____	Home Phone: _____	Name: _____
() _____ - _____	() _____ - _____	() _____ - _____	() _____ - _____	Grade: K 1 2 3 4
___ Mother ___ Father	___ Mother ___ Father	___ Mother ___ Father	___ Mother ___ Father	Teacher _____
___ Child	___ Child	___ Child	___ 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	Name: _____
___ Other: _____	___ Other: _____	___ Other: _____	___ Other: _____	Grade: K 1 2 3 4
___ I would like to volunteer	___ I would like to volunteer	___ I would like to volunteer	___ I would like to volunteer	Teacher _____

Office Use Only:

Date _____ **Payment Method:** ___ Cash ___ Check# _____ **Total \$** _____ **Initials:** _____

___ adults x \$7= \$ _____ ___ child(ren) x \$5 = \$ _____ ___ \$20 Family of 4 ___ \$25 5+



search: Clinton Street Elementary PTA