

2025-26 Membership Form

Please support field trips and family events!

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

Member 1 Name: _____ Address: _____ _____, NY 142____ Email: _____@_____ Cell Phone: _____ () _____ - _____ Home Phone: _____ () _____ - _____ ___ Mother ___ Father ___ Child ___ Grandparent ___ Teacher/Staff ___ Friend/Neighbor ___ Other: _____ ___ I would like to volunteer	Member 2 Name: _____ 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	Member 3 Name: _____ 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	Member 4 Name: _____ 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 _____
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