

2023-24 Membership Form

Please support field trips and family events!

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

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