



2018-19 Membership Form

Please support field trips and family events!

Dues are: \$7 - adult \$5 - child
\$20 for 4 \$25 for 5+

First Name: _____

Last Name: _____

Email: _____

Cell Phone: _____

Member Type: Standard Teacher/Staff

Staff/Teacher: Y / N Would you like to volunteer? Y / N

First Name: _____

Last Name: _____

Email: _____

Cell Phone: _____

Member Type: Standard Teacher/Staff

Staff/Teacher: Y / N Would you like to volunteer? Y / N

First Name: _____

Last Name: _____

Email: _____

Cell Phone: _____

Member Type: Standard Teacher/Staff

Staff/Teacher: Y / N Would you like to volunteer? Y / N

Please list all students that attend Clinton Street Elementary:

Table with 4 columns: Name, Teacher, Grade, Student Membership? (Y/N). Multiple rows for listing students.

Office Use Only:

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

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