



PTO Membership Form 2008/2009

Check all that apply, and then complete the relevant sections. Return this form with payment (if applicable) and return to the office. Please make checks payable to Pennock PTO. Thank you!

General Membership (no fee)

Last Name _____

Mother's/Guardian Name _____ Father's/Guardian Name _____

Address _____ Zip _____

Home Phone# _____ Cell Phone # _____

E-mail Address _____

Yes No Please add my e-mail address to the PTO Mailing List

Student's Name _____ Grade _____ Teacher _____

Student's Name _____ Grade _____ Teacher _____

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\$75 Business Membership: Business members receive a free Web site ad, including a link to your Web site, and periodic acknowledgement in the PTO monthly newsletter

Business Name _____

Contact Person Name _____

Address _____ Zip _____

Business Phone # _____

E-mail Address _____

Website Address _____

Pennock PTO Treasurer Only

Amount Paid \$ _____ Date _____ Check # _____ Initials _____