

Together we can achieve great things!

****Help us reach our membership goal of 400 individual memberships, and 20 business memberships this year!**



Annual PTA member dues are \$7.00 per membership. Business membership is \$25.00. Please send in the attached addressed envelope by **October 6, 2017** and make checks payable to: *West Hills Elementary PTA*. Questions? Contact: talktowhespta@gmail.com

Please list all children attending West Hills:

<u>Name</u>	<u>Teacher</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I want to help make a difference!

- ___ Sign up my business! **\$25**
- ___ Sign up me and my spouse/grandparent/family member (\$14 total-2 memberships) and keep \$6. I've enclosed **\$20**.
- ___ Sign me up and keep \$3. I've enclosed **\$10**.
- ___ Sign me up. I've enclosed my **\$7.00** member fee.

Please complete membership information below. Thank you for joining PTA!

Membership #1	
Name/Business _____	
Street Address _____	Apt # _____
City _____ State _____	Zip _____
Home Phone _____	E-mail Address _____
<input type="checkbox"/> I would like my information published in a school directory. <input type="checkbox"/> I would like to receive e-mails on upcoming PTA events and news.	
Membership #2	
Name/Business _____	
Street Address _____	Apt # _____
City _____ State _____	Zip _____
Home Phone _____	E-mail Address _____
<input type="checkbox"/> I would like my information published in a school directory. <input type="checkbox"/> I would like to receive e-mails on upcoming PTA events and news.	

(Please list additional memberships on back of sheet.)

Membership #3

Name/Business _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

I would like my information published in a school directory.

I would like to receive e-mails on upcoming PTA events and news.

Membership #4

Name/Business _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

I would like my information published in a school directory.

I would like to receive e-mails on upcoming PTA events and news.

Membership #5

Name/Business _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

I would like my information published in a school directory.

I would like to receive e-mails on upcoming PTA events and news.

Membership #6

Name/Business _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

I would like my information published in a school directory.

I would like to receive e-mails on upcoming PTA events and news.

West Hills PTA programs are funded through donations and fundraising events. If you would like to make an additional monetary donation to support these important PTA programs please indicate amount below.

General Fund _____ House/Grounds _____ Programs/Outreach _____

Library _____ Clinic _____ Sponsor Family Membership _____ Technology _____

All donations are tax deductible! The West Hills PTA is a 501c3 tax exempt organization.

For PTA Use

Date Received: _____ Membership \$: _____ Donation \$: _____ Cash Check # _____

Card Issued Entered in Database Entered in Drawing