

Let's All Give A HOOT & Become Part of the Parkway School Family... Join Parkway School PTA!!



PTA Membership Form (please print)

Name(s) _____

Address _____

Phone# _____

Email address _____

Children @ Parkway School

Name

Grade/Teacher

Number of Adults Joining (@ \$7.00/person) _____

Amount Enclosed \$ _____

Cash is preferred! Make check/money order payable to Parkway School PTA

Return in an envelope labeled *Parkway PTA - Membership*

*Membership cards will be sent home with your child

Help us to reach our goal of 100% family membership

Thank you for your support!

For internal use only

Cash _____ Check # _____

Parkway School PTA Local Unit #021189 of the NJ Congress of Parents & Teachers