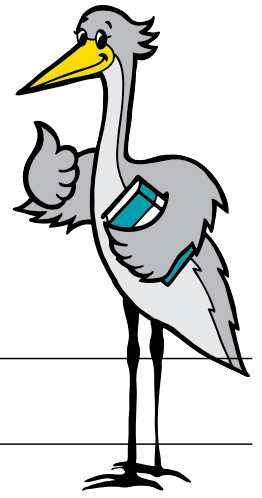


**2009-2010
Sand Pine Elementary
PTA Membership**



Member Name: _____

Member #2 Name (Spouse) if joining as family: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Would you like to receive notices by email? yes no

Please check: Mother Father Grandparent
 Teacher Faculty/Staff Community/Business Partner

Student Name: _____ Grade: _____ Teacher/POD: _____

Student Name: _____ Grade: _____ Teacher/POD: _____

Student Name: _____ Grade: _____ Teacher/POD: _____

Student Name: _____ Grade: _____ Teacher/POD: _____

Dues are \$5 for one adult, \$8 for family (2 adults) \$25 for Business Partner.

Send this form with check (payable to SPES PTA) or cash to school with your child, or via mail to
 Sand Pine Elementary PTA
 29040 County Line Road
 Wesley Chapel, FL 33543

For PTA Use Only:

Payment:	Membership Type:	Membership Card:
Check # _____ Amt. _____	Adult _____ Family _____ Grparent _____	Completed? _____ Issued? _____
Cash \$ _____ Rec'd by: _____	Teacher _____ Staff _____ Bus _____	Entered? _____