



CALIFORNIA STATE PTA

LA PTA DE CALIFORNIA

Persons who wish to join are:
Personas que desean ser miembros:

1.	2.
Name (Last, First) Nombre (apellido, primer)	Name (last, first) Nombre (apellido, primer)

Address/City/Zip
Dirección/Ciudad/Zip

Telephone
Teléfono

Email Address
Correo Electronico

Dues are \$15.00 per person
Las Cuota son \$15.00 por persona

Total amount enclosed \$
Cantidad incluida \$

Your student in this school:
Sus estudiantes en esta escuela:

Name Nombre	Teacher Maestro	Grade Nivel	Room No. Número de Salon

Families will receive one (1) PTA Member Directory unless you check the following:

- I would like two PTA Member Directories, one for each paid membership.

The McNear PTA thanks you for your membership / La PTA de McNear agradece su membresía