



MATTITUCK-CUTCHOQUE ELEMENTARY PTA

Membership Application



Membership will be active September _____ to August _____

Membership	<input type="checkbox"/>	One Parent/Guardian	\$5	1 card
	<input type="checkbox"/>	Family Membership (2 adults)	\$10 ...	2 cards
	<input type="checkbox"/>	Educator/Staff	\$5	1 card
	<input type="checkbox"/>	Community w/o student	\$5	1 card

PTA use only		Card #s					
check	\$	# members					
cash							
contribution							

Member(s) Information

Last Name

First Name

Second Member's Last Name

First Name

Mailing Address

Town

Zip Code

Home Phone

 -

Fax

 -

Email Address

OPTIONAL

I can provide the following assistance:

- | | |
|--|---|
| <input type="checkbox"/> Make phone calls | <input type="checkbox"/> Take photos at PTA functions |
| <input type="checkbox"/> Make copies | <input type="checkbox"/> Plan & set up for party or reception |
| <input type="checkbox"/> Help out occasionally during the school day | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Help out occasionally in the evenings | <input type="checkbox"/> Anywhere needed |

I wish to help the following committee(s):

- | | | | | |
|---------------------------------------|--------------------------------------|---|--|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Publicity | <input type="checkbox"/> Social Nights | <input type="checkbox"/> Welcoming | <input type="checkbox"/> Shared Decision Making |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Kindergarten Orientation | <input type="checkbox"/> Legislative | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Programs | <input type="checkbox"/> Website | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Community Liaison | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Book Fair | <input type="checkbox"/> Reflections | <input type="checkbox"/> Staff Appreciation | <input type="checkbox"/> Special Ed | <input type="checkbox"/> Hiring |
| <input type="checkbox"/> Science Fair | <input type="checkbox"/> PARP | <input type="checkbox"/> Scholarships | <input type="checkbox"/> Outreach | <input type="checkbox"/> Nominating |

Please indicate the grade(s) that you would like to volunteer to help with.

K
 1st
 2nd
 3rd
 4th
 5th
 6th

Please make check payable to: Mattituck-Cutchoque PTA

Return this form to the elementary school's PTA Box marked "PTA Membership"

OR

Mail to: PTA Membership, P.O. Box 1571, Mattituck, NY 11952

Membership card(s) will be returned via _____ c/o teacher _____
 (student's name) grade _____

THANK YOU FOR SUPPORTING & JOINING THE MATTITUCK-CUTCHOQUE ELEMENTARY PTA