



Membership Application

Name #1: _____

Name #2 (same address): _____

Address: _____

Home Phone #: _____ Cell # (mom, dad, other): _____

Email address: _____

Child #1 Name: _____ School? BES BIS BMS BHS Grade? _____
(Circle one)

Child #2 Name: _____ School? BES BIS BMS BHS Grade? _____
(Circle one)

Child #3 Name: _____ School? BES BIS BMS BHS Grade? _____
(Circle one)

Child #4 Name: _____ School? BES BIS BMS BHS Grade? _____
(Circle one)

Are you a teacher? Y / N School? _____ Grade? _____

What special skills, hobbies, or interests do you have that you would be willing to share with our students?

Membership Dues

Single Person Membership - \$10.00 per year

of years desired _____ @ \$10 each = _____ Total Dues Remitted

Family Membership (2 people - same address) - \$15.00 per year

of years desired _____ @ \$15 each = _____ Total Dues Remitted

Can be mailed to: Bourne PTA, PO Box 775, Monument Beach, MA 02553

Date: _____ Recvd by: _____ Cash/Chk #: _____