

KES PTA Membership Form

Student's name: _____ Teacher's name: _____

PTA Member's names: (parents, grandparents, family members, etc.)

Phone number: _____

Email address: _____

Number of individual memberships (\$5 each) _____

For Business Memberships (\$15 each):

Name and Address of business:

Contact person: _____

Email address: _____

Type of business: _____

Website address: _____

I authorize publication of my business information on the KES PTA website.

Signature