



Membership Form

Please complete one form per family or staff member and return it to your child's homeroom teacher or the school office with your payment. The membership fee is **\$10.00** per parent or guardian per year.

Attach your cash or check made payable to **Clopper Mill ES PTA**. If you have any questions, please contact us at cloppermillptainfo@gmail.com.

☐

Yes, I would like to support Clopper Mill ES and join the PTA.

☐

Yes, contact me regarding future volunteer opportunities.

Parent/Guardian Info

Primary Member	Secondary Member
Name:	Name:
Phone:	Phone:
Email:	Email:

Student Info

Child 's Name	Grade	Teacher
1.		
2.		
3.		

Membership Fees/Donations

\$10.00 Membership Fee.

Number of Memberships (We encouraged the whole family to join)_____

Voluntary Donation to the CMES PTA \$_____

Total amount enclosed \$_____

All donations of \$250.00 and over are tax deductible.