

Fern Avenue-Greenwood PTA Membership Application

Please fill out the form below and include \$6 per member.

Checks should be made payable to **FERN PTA** include the student's name and room # on the check for proper processing.

of members: _____ amount enclosed: _____ (cash/check)

Student members are welcome but do not have voting privileges.

Please list the names of Fern students being represented by the member(s)

Student name(s)	Teacher Name	Room#
1		
2		
3		
4		

Please list the members joining PTA and their contact information.

Member Name	Address	Email
1		
2		
3		
4		
5		

As a member, your address information will be shared with the Torrance Council of PTAs, CA State PTA, and National PTA and will only be used for PTA purposes.

Please see the privacy policy at www.pta.org/privacy.html or call 800.307.4782 for information.