



6 School Street
Califon, NJ 07830

2009-2010 PTA MEMBERSHIP FORM

Please print legibly and return to the PTA mailbox no later than Friday, October 2nd. Thanks!

Please find enclosed \$_____ for membership in the Califon School PTA for the 2009-2010 School Year.

***Member Name(s):** _____

Address: _____

Home Phone Number: _____

Cell Phone Number(s): _____

***E-mail Address(es):** _____

*Required to receive e-mail copies of agenda, directory, and notification of PTA-related events.

(1) **Child's Name:** _____
Child's Grade: _____
Child's Birthday: _____

(2) **Child's Name:** _____
Child's Grade: _____
Child's Birthday: _____

(3) **Child's Name:** _____
Child's Grade: _____
Child's Birthday: _____

_____ Please check here if you do not wish to have your name and/or contact information published in the PTA Directory.