

Del Lago Membership Form

Please support the 2017-2018 Del Lago PTA!

To become a member of the Del Lago PTA, please complete the information below and include cash or a check made payable to Del Lago PTA.

The Del Lago PTA thanks you for your membership! Please complete all lines; the PTA needs to know who you are so that we can better serve you.

PLEASE PRINT CLEARLY & LEGIBLY

<input type="checkbox"/> FAMILY MEMBERSHIP \$20	<input type="checkbox"/> SINGLE MEMBERSHIP \$15
1. _____ Name (last, first)	2. _____ Name (last, first)
_____ E-mail address	_____ E-mail address
_____ Address	_____ Address
_____ Phone Number	_____ Phone Number

Your students at Del Lago Elementary:

Name	Teacher	Grade	Room #

As a member, I understand that my address information will be shared with the California State PTA and National PTA and will only be used for PTA purposes. Please see the privacy policy at www.pta.org/pta or call 800-307-4782 for information

- ___ I DO NOT authorize the Del Lago PTA to contact me via e-mail regarding volunteer opportunities and updates.
- ___ I DO NOT authorize the Del Lago PTA to include my contact information in the Membership Directory.

PTA use only:	
___	Cash/Chk #
___	Directory
___	Email
___	Card/Bag