



SHAPE PTSA MEMBERSHIP FORM

SY 2012-2013

Member Name/Sponsor Name

Spouse's Name

Home Phone

Cell/ Work Phone

Mailing Address

Email Address

Nationality (for statistical purposes only): _____

Children's/ Child's Name(s)	Grade Levels
1.	
2.	
3.	
4.	

Level of Membership: Please check one

___ Adult/Teacher Membership (5 Euro)

___ Student Membership (3 Euro)

___ Family Membership (2 adults and 2 or more students 20 Euro)

Amount Received: _____

Membership Category: Please check one

___ Parent

___ Teacher

___ Student

___ School Support Staff

___ Community Member