



## MEMBERSHIP APPLICATION

Year: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Alt. Phone: (     ) \_\_\_\_\_

Email\*: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_ AM    PM      \*Official correspondence ONLY

Names of your child(ren) attending DPE:

Name	Grade	Teacher

**Membership Fee is \$8.** Cash or money order (payable to DPE PTA)

Amount enclosed: \$ \_\_\_\_\_ # of memberships \_\_\_\_\_

**YES! I'd like to volunteer** *(circle all that apply)*

*I'm available*

*Prefer to work on projects:*

WeekDAY: mornings    afternoons    evening

from home    in the school

WeekEND: mornings    afternoons    evening

in the classroom

*Family Events:*

*Fundraising:*

Fun Nights

Restaurant

Fall/Spring

Parent Educ.

Special Activities

*Outreach:*

*School Events:*

Membership

Volunteers

Cultural

Educational Programs

Corporate Sponsors

School Spirit

*Special Events:*

Recognition

Amer. Ed. Week

PTA Awards

Teacher Support

Teacher Appreciation

Memorial Garden Maintenance

Grade Committee

Hospitality

Scholarship

5<sup>th</sup> Grade Farewell

Use my talents as needed

**Thank you for supporting the DPE PTA!**

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