



Wells Elementary PTA  
2007 – 2008 Membership Form

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

*Membership for spouse or other adult family member(s)*

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

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

\_\_\_\_\_ **# of members @ \$8.00 per member = \$** \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I understand that as a member of Wells PTA, I will receive one 2007-2008 Parent/Student Directory with each paid membership. I also understand that the information contained in the directory is provided as a service of the Wells PTA and is intended solely for the personal use of Wells families. **Use of the directory for unsolicited emails or commercial contacts is strictly prohibited.** I further understand that I have an obligation not to release any information contained in the directory to anyone who is not a member of the Wells PTA.

Member Signature:

\_\_\_\_\_ Date: \_\_\_\_\_