



Wells Elementary PTA
2008-2009 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 = \$** _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

I understand that as a member of Wells PTA, I will receive one 2008-2009 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: _____