



**PTA MEMBERSHIP/STAFF APPRECIATION PAYMENT FORM**

\_\_\_\_\_ I / we would like to become a 2016-2017 North Star PTA member

**Membership:** (Circle one)    **Individual \$10.00**    **Two-Parent \$15.00**

**I am also enclosing an additional \$\_\_\_\_\_ to go towards PTA Staff Appreciation Events.**  
***We have many staff appreciation events planned this year and any support is appreciated – thank you.***

Please pay by cash or check made payable to **North Star PTA**. You can also pay online via Cheddar Up at [www.nspta.com](http://www.nspta.com). *If paying online you do not need to complete the paper form.*

Parent / Guardian Contact #1

First and Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Male / Female (Circle one) \*

Parent / Guardian Contact #2

First and Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Email #2 must differ from Email #1 \*

Male / Female (Circle one) \*

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

**Please complete student names, grades and homeroom.**

Please mark **ALL** that apply:

\_\_\_\_\_ Include the above contact information in the North Star PTA Family Directory.

\_\_\_\_\_ Include our family in the directory, but only list the following contact information (circle all that apply):

Address                      Phone                      Email Address #1                      Email Address #2

\_\_\_\_\_ I would like to receive the PTA's weekly eNews.

\*: Information requested by Delaware State PTA.

**For PTA office use only:**

Amt Rec'd \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_