

# CLINTON ROSETTE MIDDLE SCHOOL PTA 2009-10

## Member Profile

*please print*

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Please Check All That Apply

PARENT/GUARDIAN  OTHER RELATIVE  TEACHER  ADMIN/STAFF  COMMUNITY  BUSINESS

If Parent/Guardian or Relative, STUDENT NAME(S) & TEAM \_\_\_\_\_

If Business, BUSINESS NAME \_\_\_\_\_

Please Check All Areas of Interest

FUNDRAISING  ORGANIZING EVENTS  GARDENING  GRANTWRITING  
 RECRUITING  LEADING  HELPING IN CLASS  \_\_\_\_\_  
 MARKETING  TUTORING  SECURING DONATIONS  \_\_\_\_\_

2009-10 Membership Dues: \$5 per person  
Make Checks Payable to CRMS PTA  
Return to CRMS Office, Attention PTA

***Thanks for Joining the PTA!***

For Committee Use:	Int _____
Date _____	Total Pd _____
Check # _____	Cash _____
Card(s) Issued Date _____	
Data Entered Date _____	

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