

PTA Unit: _____

High school seniors are eligible for several local scholarships if they are PTA members.

I'm enclosing \$ _____ for _____ memberships at \$ _____ each

I'm enclosing \$ _____ as donation to PTA

Total Amount \$ _____

Please make check payable to: _____ PTA/PTSA

Student Name: _____
Teacher/Grade: _____

Name: _____

Address: _____

City/Zip: _____ Phone: _____

Email: _____

Member is under 18 years of age

Member does NOT wish to receive information from CA & National PTA

Name: _____

Address: _____

City/Zip: _____ Phone: _____

Email: _____

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Email: _____

Member is under 18 years of age

Member does NOT wish to receive information from CA & National PTA

*** Please list additional membership on back of envelope. Thank You! ***

As a member, I understand that my address information will be shared with the Torrance Council of PTAs, California State PTA and National PTA and will only be used for PTA purposes. Please see the [privacy policy at www.pta.org/privacy_policy.html](http://www.pta.org/privacy_policy.html) or call 800.307.4782 for information.



everychild.onevoice.

FOR UNIT ACCOUNTING PURPOSES

Date Recvd	Ck #/Cash
Ck Name	# of Memberships
Donation	Total