

Yes! *I want to be a PTA/PTSA member*



membership enrollment form

FIRST PARENT/GUARDIAN NAME _____

TELEPHONE _____

E-MAIL ADDRESS _____

SECOND PARENT/GUARDIAN NAME _____

TELEPHONE _____

E-MAIL ADDRESS _____

I have the following skills and/or resources that can benefit the PTA/PTSA and the school:

I would like to join the PTA or PTSA at the following school (list of units available at <http://www.fourthdistrictpta.org/units.html>)

Name of school & school district:

If you do not have a preference, 4th District will pick a school for you.

Send your check for \$10 per person, payable to "Fourth District PTA" to:

Fourth District PTA

1520 Brookhollow Drive

Suite #40

Santa Ana, CA 92705

If you have questions, please call our office at 714.241.0495 or 714.241.0496

Information about the values of PTA membership are available on our Web site at
<http://www.fourthdistrictpta.org/membership.html>