

# NMAPA PTO Membership Form

PLEASE PRINT

Parent /Guardian Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address (es) \_\_\_\_\_ / \_\_\_\_\_

Scholar Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Teacher \_\_\_\_\_

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Scholar Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Teacher \_\_\_\_\_

I'm interested in helping with \_\_\_\_\_

**Individual Membership \$10.00** \_\_\_ **Family Membership (Receive A NMAPA Magnet)**  
**\$15.00** \_\_\_

(Please Make Check/Money Order Payable to "NMAPA PTO".)

Cash \_\_\_\_\_ Check# \_\_\_\_\_ Money Order \_\_\_\_\_ Total \$ \_\_\_\_\_

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