

Yukon Elementary PTA

I'm enclosing \$_____ for _____ memberships at **\$8.00** each
I'm enclosing \$_____ as a donation to the Yukon PTA
Total amount enclosed \$_____

Please make checks payable to: **Yukon Elementary PTA**

Student Name: _____ Teacher/Grade: _____

Name: _____

Address: _____

City/Zip: _____

Phone: _____

Email: _____

Member is under 18 years of age

Name: _____

Address: _____

City/Zip: _____

Phone: _____

Email: _____

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Address: _____

City/Zip: _____

Phone: _____

Email: _____

Member is under 18 years of age

*Please list additional membership on the back of this sheet. **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.



For Accounting:

Date Received: _____
Cash / Check # _____
Total Received: _____

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