



JOIN THE LIBERTY PTA

\$9.00 PER PERSON

Name: \_\_\_\_\_

Additional Members: \_\_\_\_\_

\_\_\_\_\_  
(\$9.00 for each additional member – don't forget grandparents, spouses etc.)

Home Address (optional):

\_\_\_\_\_

(City)

(State)

(Zip)

Phone Number (optional): \_\_\_\_\_

Email (to receive PTA related emails): \_\_\_\_\_

Student(s) at Liberty (include teacher/grade): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*This year the student directory will only be available with your paid membership\* Check out the Liberty PTA website [www.liberty-pta.org](http://www.liberty-pta.org) Thank you for joining!

\_\_\_\_\_

TO BE FILLED OUT BY MEMBERSHIP CHAIR

Number of Memberships \_\_\_\_\_ Amount Enclosed \_\_\_\_\_ Cash \_\_\_\_\_

Check # \_\_\_\_\_ Received by: \_\_\_\_\_

Date: \_\_\_\_\_