



Join The Liberty
PTA
2019-2020
\$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

Thank you for joining!

TO BE FILLED OUT BY MEMBERSHIP CHAIR

Number of Memberships _____ Amount Enclosed _____

Cash _____ Check # _____

Received by: _____ Date: _____