Tempe Chandler Parent-Teacher-Student Association (PTSA)

Member Application

Name(s): _____

Affiliation: Parent Student Teacher Other (circle one or more)

School(s): _____

Address: _____

_____

Email(s): _____

Phone 1: _____

Phone 2: _____

Notes: _____

_____

_____

_____

PAID:

Membership Dues (Annual): $10.00 x _____ = $_____

Additional Contribution: $_____

Total $_____ Check/Cash

Mail completed application with payment to:

TCPTSA – 4624 W Detroit St. Chandler AZ 85226