

# KORAES PARENT TEACHER ASSOCIATION 2009-2010 MEMBERSHIP APPLICATION

**\$25.00 PARENT / \$5.00 GRANDPARENT**

MEMBER NAME: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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*(PLEASE MAKE CHECKS PAYABLE TO: KPTA)*

Please return this form in your child's folder through his/her classroom.

Would you like a copy of the by-laws? \_\_\_\_\_

Yes

No

**THANK YOU FOR SUPPORTING THE KPTA!**