Little River PTO Membership

|  |
| --- |
| Adult Member’s Names *(Nombre del miembro):* |
| Address *(Direccion):* |
| Telephone *(Telefono):* | Email : |
| Student Name(s):  | Grade *(Grado)* | Teacher *(Maestro/Maestra):* |
|  |  |  |
|  |  |  |
|  |  |  |

\_\_\_\_\_ Members (at $5 per Membership)

$\_\_\_\_\_\_\_\_\_\_\_\_ Amount enclosed *(Cantidad Incluido)*

Which would you prefer as a “Thank you”(circle):

 LRE Magnet Carabiner Clip Bracelet none

Make checks payable to “*Little River PTO*”

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