**2019-2020 Little River K-8 PTO Membership Form**

|  |
| --- |
| Adult Member Name(s) *(Nombres de miembros adultos):* |
| Address *(Direccióén):* |
| Telephone *(Teléfono):* | Email *(Correo electrónico):* |
| Student Name(s) *(Nombres de estudiantes*): | Grade *(Grado):* | Teacher *(Maestro/Maestra):* |
|  |  |  |
|  |  |  |
|  |  |  |

Please list any additional email addresses that you would like to be included on our PTO communication email list (spouse, grandparents, etc):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ # members (at $5 per membership) $\_\_\_\_\_\_\_\_\_\_\_\_ Amount enclosed

Make checks payable to “*Little River PTO*”

**2019-2020 Little River K-8 PTO Membership Form**

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| --- |
| Adult Member Name(s) *(Nombres de miembros adultos):* |
| Address *(Direccióén):* |
| Telephone *(Teléfono):* | Email *(Correo electrónico):* |
| Student Name(s) *(Nombres de estudiantes*): | Grade *(Grado):* | Teacher *(Maestro/Maestra):* |
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|  |  |  |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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