



CLINTON

CENTRAL SCHOOL DISTRICT



PTA Membership Form 2019-2020

Member 1:

Name: _____

Home Phone: _____

*Email: _____

Mobile Phone: _____

Member 2 (Family Membership only):

Name: _____

Home Phone: _____

*Email: _____

Mobile Phone: _____

*Almost all communication, including receipt of your PTA membership card will occur using email so please print clearly!

Clinton Student Name	Grade Level 2019-2020

Please note below how much money you are including for the PTA membership (\$6 per individual/ \$10 per family/ \$20 per business):

Yes! I want to join the PTA!		\$
Donations: \$25, \$50, \$100 or any amount		\$
<i>Make check payable to CCS PTA</i> TOTAL:		\$

If you would like to volunteer on one or more of our committees, please check the appropriate box(es) below. To see a description for each committee, please visit <http://ccspta.info/committees>.

- | | |
|---|--|
| <input type="checkbox"/> Box Tops / Crayon Initiative | <input type="checkbox"/> Ice Cream Social / Bike Rodeo |
| <input type="checkbox"/> Elementary Book Fair | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Staff Appreciation Lunch |
| <input type="checkbox"/> Farm to School | <input type="checkbox"/> Elementary Yearbook |

*Completed membership forms and payment can be returned to any of the CCS school offices in an envelope marked "PTA".

Thank you for joining us!
We look forward to a great school year!

Clinton Central School PTA
ccsnypta@gmail.com