



Kirk Road Membership Enrollment Form

Member Name _____

Phone Number _____

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**If you are a parent of a Kirk Road Student, please complete the following:

Child's Name(s) _____

Teacher(s) _____

Grade(s) _____

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_____ \$5 Single Membership

_____ \$4 Additional memberships in the same household

\$_____ **Total amount enclosed**

**Please make checks payable to Kirk Road PTA

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Office Use

Card Issued By: _____ Date: _____

Notes: _____