

Charles Carroll Elementary PTA Membership

Name _____ \$5.00 indicate if staff _____

Name _____ \$5.00 Total Enclosed \$ _____

Name _____ \$5.00 (make check payable to CCESPTA - no cash)

Address _____

Phone _____ Email _____

Student _____ Homeroom _____

Student _____ Homeroom _____

Student _____ Homeroom _____

PTA USE ONLY	
Date Rec'd.	_____
Amount	_____
Check No.	_____
Initials	_____
No. of Cards issued	_____

DID YOU KNOW: Anyone who supports the mission of the CCES PTA can be a Member?

Please encourage your spouse, relatives, former CCES families, area business owners, and anyone who wants to see our kids with as many opportunities as we can provide for them, to join us!