



everychild.one voice.

**LOCAL UNIT
MEMBERSHIP REGISTRATION FORM**

Registration Date: 0 Parent - Teacher - Student - Other: _____

MEMBER INFORMATION							
First Name		Middle Initial		Last Name			
Mailing Address							
City				State	FL	Zip Code	
Phone Numbers	Day:		Night:			Best Time:	
E-mail Address							

STUDENT/CHILD INFORMATION (If Applicable / For Local PTA Use)			
Grade/Team	Student's/Child's Name	First Period Teacher	Relationship

STATISTICAL DATA	
Questions:	
a. Have you been a member of this PTA/PTSA within the last 12 months?	YES - NO
b. How many years have you been a member of this PTA?	
c. In general, how many years have you been a member of PTA?	
d. Are you a member of PTA/PTSA at another school?	YES - NO
(Optional) Please list other PTAs/PTSAs you are currently a member of:	
1.	2.
3.	4.
e. May PTA email you notices about projects/issues the organization is working on?	YES - NO

(Optional) Ethnic/Cultural Information: Please check the category you best identify with			
<input type="checkbox"/> I do not wish to furnish this information			
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black/not of Hispanic origin	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Multi-Ethnic	<input type="checkbox"/> White/not of Hispanic origin	<input type="checkbox"/> Other (Specify):
Country/Region of origin:		Preferred language to receive information:	

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TO BE COMPLETED BY LOCAL PTA			
LOCAL UNIT ID #		LOCAL UNIT NAME	
CONTACT PERSON			PTA POSITION
BEST CONTACT PHONE #s	BEST TIME:		Email Address:
COMMENTS:			