



**CANFIELD PARENT TEACHER ASSOCIATION**

**Membership Form**

**2021-2022**

(    ) Parent

(    ) Staff

**Fee: \$15.00/member**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*Please circle the grade level of your child(ren) at each school:*

|             |   |    |    |    |   |
|-------------|---|----|----|----|---|
| CH Campbell | K | 1  | 2  | 3  | 4 |
| Hilltop     | K | 1  | 2  | 3  | 4 |
| CVMS        | 5 | 6  | 7  | 8  |   |
| CHS         | 9 | 10 | 11 | 12 |   |

If child's last name is different than above, please specify: \_\_\_\_\_

Please make check for \$15.00 payable to CANFIELD PTA (*no cash please*) and return to any school.

A \$20.00 Fee will be charged for any returned checks due to insufficient funds.