



Alloway Township School
PTA Membership Application

Year _____

Alloway Township PTA is asking for your support during its annual membership drive. Fees are only \$4 per membership year. Applicants must be 18 or older. Please return this application with payment to your child's teacher or to the main office. To actively participate in PTA functions, you must be a member. Thank you for your continued support!

Adult Membership(s) @ \$4 each: _____

Additional Contributions to your PTA: _____

Total: _____

Name: _____

Phone: _____

Email: _____

(For additional memberships, please list information on the reverse side.)

Child's Name(s) and Grade(s)/Homeroom Teacher(s): _____

Please indicate which of the PTA sponsored activities with which you'd like to help:

Student Appreciation

Staff Appreciation

School Dances

Spirit Wear

Fundraising

Book Fairs

School Store

Holiday Shop

Programs/Assemblies

Other: _____

Note from the Officers:

Thank you very much for your involvement! While our monthly meetings are not mandatory, we encourage you to attend and bring your ideas and feedback. Please check out our page on the school website at www.allowayschool.org and join our Facebook group: Alloway Township PTA.

43 Cedar Street, PO Box 327, Alloway, NJ 08001 P: 856.935.1627 F: 856.935.3017 www.allowayschool.org

We are an Equal Opportunity Employer – F/M