

GRE PTA Membership & Directory Form

Please complete, sign and return this form to the GRE Office no later than September 8th, 2009. Please attach a check made payable to GRE PTA for the PTA membership dues.

Parents/Guardians:

Last Name: _____

First Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Last Name: _____

First Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Student Last Name: _____

Grade (circle one): K 1 2 3 4 5 6

First Name: _____

Teachers Last Name: _____

Student Last Name: _____

Grade (circle one): K 1 2 3 4 5 6

First Name: _____

Teachers Last Name: _____

Student Last Name: _____

Grade (circle one): K 1 2 3 4 5 6

First Name: _____

Teachers Last Name: _____

Student Last Name: _____

Grade (circle one): K 1 2 3 4 5 6

First Name: _____

Teachers Last Name: _____

_____ **YES**, I want my contact information to be in the GRE Phone Directory.

_____ Please check here if there are **no changes to your contact information printed in the 2008-2009 GRE Phone Directory**. By checking here and signing below, you are giving permission to use last year's published information.

_____ **NO**, please do not include my information in the GRE Phone Directory.

The GRE PTA membership drive is underway. We are calling on all GRE families to support your children and GRE by joining the PTA and getting involved with the many activities and major events that take place at GRE. All PTA notifications about school events will be sent via email or available on the PTA website at www.GREPTA.org.

_____ **YES**, I want to join GRE's PTA. The membership dues are \$6.00 per person. Please make checks payable to GRE PTA.

PRINT authorization name

Authorization signature

Please complete, sign and return this form to the GRE Office no later than September 8th, 2009

Phone numbers, addresses and parents name are printed only if authorization is given on this form. Please make sure all information is correct, as this is what will be printed in the directory.