

MEMBERSHIP REGISTRATION

-Annual Membership Due (*Gastos Anuales*)

- \$7 per adult or
- \$14 per couple

Dues are for an all-inclusive membership (*Todo Incluido*)
(National, State, and SEES PTA) (*Nacional, Estado, Local*)

Notes:

- 1) Please make checks out to **SEES PTA**.
- 2) When paying with cash, please pay the correct amount. Change is not available.
- 3) If paying for more than one member, and there are different address, please complete a separate registration for each person.

1 st Member's Name (<i>Nombre del miembro</i>) _____	
2 nd Member's Name (<i>Nombre del miembro</i>) _____	
Address (<i>Direccion</i>) _____ (<i>IMPORTANT (IMPORTANTE): Please include zip code! (Incluya por favor el código postal!!)</i>)	
Telephone Number (<i>Numero de telefono</i>) _____	
E-Mail Address _____	
Oldest SEES Child's name (<i>El Nombre del hijo</i>) _____	
Grade (<i>Grado</i>) _____	Teacher (<i>Maestro/Maestra</i>) _____
2 nd SEES Child's name (<i>El Nombre del hijo</i>) _____	
Grade (<i>Grado</i>) _____	Teacher (<i>Maestro/Maestra</i>) _____
3 rd SEES Child's name (<i>El Nombre del hijo</i>) _____	
Grade (<i>Grado</i>) _____	Teacher (<i>Maestro/Maestra</i>) _____

Please print and return this application, along with payment, in a sealed envelope to:

Cherie Foss
SEES PTA
Membership Chair

You may put the envelope in the PTA box in the SEES front office