

2011 Ashley Falls PTA Membership, Directory, eUpdates, Loyalty and Saver Card Form

FAMILY CONTACT INFORMATION (one form per family please)

Mother's Information:	
First Name: _____	Last Name: _____
Address: _____	
Home Phone: _____	email address: _____
Father's Information:	
First Name: _____	Last Name: _____
Address: _____ (if different than above)	
Home Phone: _____ (if different than above)	email address: _____

STUDENT INFORMATION

First and Last Name	Grade	Teacher

MEMBERSHIP/DIRECTORY/SAVER CARD PURCHASE

Section	Check one per section	Cost	Amount Due
Membership	<input type="checkbox"/> I wish to join the Ashley Falls PTA	\$25	
	<input type="checkbox"/> I do NOT wish to join PTA at this time.	\$0	
Additional Directories <i>(optional)</i>	<input type="checkbox"/> I am joining the PTA and would like to purchase ____ extra directory(ies) at \$5 per directory	\$5	
	<input type="checkbox"/> I am not interested in joining PTA, but would like to purchase a directory	\$30	
Saver Card Purchase <i>(optional)</i>	I would like to purchase _____ Ashley Falls Saver Card(s) at \$10 per card. <i>Cards will be delivered in your child's Wednesday Folder.</i>	\$10	
Yearbook Purchase <i>(optional)</i>	I would like to purchase _____ Ashley Falls Yearbook(s) at \$20 per book. <i>Books will be delivered the last week of 2011-2012 school year.</i>	\$20	
PLEASE MAKE YOUR CHECK PAYABLE TO "Ashley Falls PTA" in this amount:			Total

ENROLLMENT SELECTIONS

Directory Inclusion	<input type="checkbox"/> I wish to include our Family Contact and Student Information (as entered above) in the directory.	<input type="checkbox"/> I wish to ONLY include the Student Information (as entered above) on the appropriate class page of the directory.	<input type="checkbox"/> I do NOT want my Family Contact information or my child(ren)'s names listed in the directory.
eUpdate Registration	<input type="checkbox"/> I wish to register/reregister the following email address(es) to receive the Ashley Falls PTA weekly eUpdates.		
	email 1: _____		email 2: _____
Loyalty Card Registration	Enter your VONS store loyalty card number if you'd like us to enroll you in the Community Contribution programs. Re-enrollment is necessary on a yearly bases. Enrollment will not affect your loyalty card rewards status.		
	Please enter your Vons Loyalty Card Number _____		