# Individual Member Form

**Thank you for your interest in joining PTA! Please fill out the form below and return it to the appropriate person at your local PTA (president, membership chair, etc.) along with your dues payment. When PTA gets involved, children benefit. When you get involved with PTA, the child who benefits most is your own.**

Prefix (Dr. Miss. Mr. Mrs. Ms.) | First name* | Last name* | Suffix (Jr. Sr. II III)

Address 1* | Apt/suite/unit | City*

State* | ZIP/PC* | Country | This is a ❑ Home address ❑ Business address | Primary phone number | Ext. | This phone number is for ❑ My home ❑ My workplace ❑ Mobile

E-mail address

*Required Field

Return form(s) to school with a check for $5 for each membership. Make checks payable to Sparks PTA

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