

PTA Unit: J.H. Hull Middle School

I'm enclosing \$ \_\_\_\_\_ for \_\_\_\_\_ memberships at \$ 8<sup>00</sup> each

I'm enclosing \$ \_\_\_\_\_ as donation to PTA

Total Amount \$ \_\_\_\_\_

Please make check payable to: J.H. Hull PTA/PTSA

Student Name: _____
Teacher/Grade: _____

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Member is under 18 years of age

Member does NOT wish to receive information from CA & National PTA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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**\* Please list additional membership on back of envelope. Thank You! \***

As a member, I understand that my address information will be shared with the Torrance Council of PTAs, California State PTA and National PTA and will only be used for PTA purposes. Please see the privacy policy at [www.pta.org/privacy\\_policy.html](http://www.pta.org/privacy_policy.html) or call 800.307.4782 for information.



everychild.onevoice.\*

**FOR UNIT ACCOUNTING PURPOSES**

Date Recvd	Ck #/Cash
Ck Name	# of Memberships
Donation	Total

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