



Membership Application

Please complete the information below:

Primary Role: (Please circle) Parent/Guardian Grandparent Teacher/Staff

Other _____

Name: _____

Address: _____

Home Phone: _____ **Mobile:** _____

Email: _____

Please add me to the PTA email list for updates and news. YES NO

I am interested in volunteering for PTA activities. Please send me information on how to participate in PTA. YES NO

PAYMENT INFORMATION *(dues include membership in National PTA and your state PTA):*

Annual Membership Dues: \$10.00

Please make checks payable to: Idaho PTA

Mailing Address: **Idaho PTA 1655 W Fairview Avenue, Suite 109 Boise, Idaho 83702**

PTA Membership benefits include:

- **Hertz:** Savings of up to 20%.
- **MetLife Auto & Home:** A group insurance program that comes with special savings and benefits.
- **Sharp Electronics Corporation:** Special purchase opportunities on AQUOS liquid crystal televisions and other audio, video, home appliance and home office products.
- **Social Scout™:** Discounts on an online Parental Intelligence System.

For more information contact:

Idaho PTA (208)344-0851 idahopta@idahopta.org

LOCAL OFFICE USE: Payment Method: Cash Check—check # _____ Date: _____