



**CLEAR VIEW ELEMENTARY - ANNUAL MEMBERSHIP DUES 2018-2019**

Member's Name/Nombre \_\_\_\_\_

Member's Name/Nombre \_\_\_\_\_

E-mail Address(es) \_\_\_\_\_

Telephone No (s): \_\_\_\_\_

Your students in this school: *Sus estudiantes en esta escuela:*

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

***Dues for each person are \$10. El costo por persona es de \$10.***

Total number of members/ Numero de miembros \_\_\_\_\_

Amount Enclosed/ Cantidad Incluida \$ \_\_\_\_\_

*As a member, I understand my address information will be shared with the California PTA and National PTA and will only be used for PTA purposes. Please see privacy policy at [www.pts/privaccy\\_policy.html](http://www.pts/privaccy_policy.html)*

*Como miembro, comprendo que mi direccion sera compartida con la PTA de California y la PTA Nacional y solo sera utilizada para propositos de PTA. Ver por favor la poliza de privacidad en [www.pts/privaccy\\_policy.html](http://www.pts/privaccy_policy.html)*