

Honesdale PTA

# Membership Form

Please return completed form and **\$6.00 membership fee** to your child's teacher.

-or-

Mail to:

Honesdale PTA, Inc.  
129 Lakeside Drive  
Honesdale, PA 18431

Please make checks payable to Honesdale PTA, Inc.

Member Name:		
Child's Name:		
School:	Teacher's Name:	Grade:
<b>The following requested information is optional</b>		
Member Address:		
Phone Number:	Email:	