



**PTA Membership
Registration Form**
PTA.Kuumba@gmail.com

Kuumba Academy
PTA
everychild.one voice.

Business/Community Membership Registration Information

Name of Business (if applicable): _____

Primary Point-of-Contact _____

Address: _____

City: _____ State _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-mail Address: _____

The annual membership fee to join the PTA is \$10.

Special Offer: ***2 Memberships for the Price of 1 (Offer ends 10/31/07)*******

Is this your initial PTA membership? ☐ Yes ☐ No No. of Previous Memberships _____

Name _____

Address: _____

City: _____ State _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-mail Address: _____

KAPTA USE ONLY

Date Received _____ Amt Received _____ Cash or Check # _____

Inputted in OMDR _____ Membership Card Printed _____

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