

2017-2018 Membership Form

To join the Chandler PTA, simply submit a Membership Form and pay the annual dues. This can be done online at **www.chandlerpta.org** or via this paper form.

This form can be returned to the PTA Table during Chandler's Welcome Back Day or via backpack to school in an envelope marked "Chandler PTA".

Parent/Guardian: _____

E-mail address: _____

Phone number: _____

I do not give permission for Chandler PTA to use images of my Chandler student(s) in print and electronic publications.

Chandler Student Name(s):

Grade/Teacher:

Chandler PTA Membership Dues (\$20.00) \$ **20.00**

Voluntary donation in lieu of fundraisers \$ _____

TOTAL: \$ _____

Please note: Checks may be made payable to **Chandler PTA**.
 Membership dues and voluntary donations are tax deductible.



Shop & Earn for Chandler! Help Chandler earn money through the Stop & Shop A+ Rewards Card Program. This is an easy way for our school to earn money to support educational enrichment programs each time you shop. Simply write your Stop & Shop Rewards Card Number (located on the front of your card) below and we'll register your card. Thank You!!

Stop & Shop A+ Rewards Card Program #: _____

Please complete both sides of this form and return to the Chandler PTA.
Note: Return by September 11 if you would like to apply to be a classroom parent.

Volunteer with the Chandler PTA



Chandler PTA depends on our generous volunteers to plan and run our activities. Please consider donating your time and talent - it's a great way to be involved at Chandler!

I'd like to be a Classroom Parent.

Classroom Parents are the liaison between the PTA and parents for each classroom. Responsibilities may include supporting the classroom teacher; communicating district, school and PTA news; assisting with class parties; and organizing parent volunteers. Each September we solicit volunteers to fulfill this fun and important role – we're seeking two parents per classroom and the commitment is for the entire school year. You must be a PTA member to serve as a Classroom Parent.

Your name: _____

E-mail address: _____

Please list the classroom for which you'd like to be Classroom Parent (in order of preference, if applicable):

Grade/Teacher:

Student's Name

1. _____
2. _____
3. _____

Please add my name to the Chandler PTA volunteer network.

We'll contact you via email when we have volunteer opportunities to fill.

I'd like to volunteer in other ways.

There are many additional ways you can help the Chandler PTA. Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Academic enrichment | <input type="checkbox"/> Memory Book |
| <input type="checkbox"/> Apparel | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Book fairs | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Staff Appreciation |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Website maintenance |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other _____ |

I can help out:

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Any time | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Occasionally |

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