

Yes! I'd like to join the Santa Clara Valley PTA!

Member Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail _____

Additional Members at address above:

Name	Phone	E-Mail
_____	_____	_____
_____	_____	_____
_____	_____	_____

Amount enclosed: **Checks should be made out to Santa Clara Valley PTA**

Membership: No. of Members _____ x \$10 = _____

Donation: _____

Total enclosed: _____

Please mail this form to: Santa Clara Valley PTA
1290 Ridder Park Drive M/C 214
San Jose, CA 95131

Please tell us your preferences in receiving communications from us: **(all are opt-in)**

Preferred method (choose one): e-mail postal mail phone

information from National PTA

information from California State PTA

information from Sixth District PTA -- your choices -- meeting notices

advocacy actions/positions legislative information everything

Please consider the following:

_____ I'd like to become a mentor to an emerging PTA leader at a low wealth school.

_____ I'd like to become a mentor to an emerging PTA leader at a low wealth school, and I speak Spanish

You will be sent a SCV PTA membership annual renewal notice in the Summer/Fall for the next PTA year. We hope you'll stay with us for many years!