

**Parent Teacher Student Association  
Teacher Membership Form  
2011-2012**

**Please just fill out the form below and mail to:**

**PTSA  
PO Box 456  
Annandale, New Jersey 08801**

**Check Number \_\_\_\_\_**

**Check Amount 5.00**

**Or**

**Place it in the PTSA mail box at school**

**PLEASE PRINT CLEARLY**

***LAST NAME* \_\_\_\_\_**

***FIRST NAME* \_\_\_\_\_**

***DEPARTMENT* \_\_\_\_\_**

***EMAIL* \_\_\_\_\_**

***PHONE* \_\_\_\_\_ *CELL* \_\_\_\_\_**