

Mary Lou Fisher Elementary PTA

Name(s): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone#: _____ e-mail: _____

Please check the box if you would like to receive e-mails from Fisher PTA, NISD Council PTA and Texas PTA

Students Name: _____ Grade: _____

Students Name: _____ Grade: _____

Students Name: _____ Grade: _____

Students Name: _____ Grade: _____

Dues: \$6.50 X Number of New Members _____ = Total Enclosed \$ _____



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