

Individual Member Form

Thank you for your interest in joining PTA! Please fill out the form below and return it to the appropriate person at your local PTA (president, membership chair, etc.) along with your dues payment. When PTA gets involved, children benefit. When you get involved with PTA, the child who benefits most is yours.

National PTA asks demographic questions to better gauge the needs of our members. Demographic information will be used in overall categories (aggregate).

Local PTA name

Prefix (Dr. Miss. Mr. Mrs. Ms.) First name Last name Suffix (Jr. Sr. II III) Gender

Home address 1 Home address 2 City

State ZIP/PC Country Primary phone number This phone number is for
 My home My workplace Other (please specify) _____

E-mail address

How many years have you been a PTA member? To how many PTAs do you belong?

How many school-age children do you have?

What are their ages? Child 1 Child 2 Child 3 Child 4 Child 5 Child 6 Child 7 Child 8 Child 9 Child 10 Child 11 Child 12

Which of the following positions do you hold within your school?

- None Local school board member State board of education member School employee

If you are a school employee, please indicate position:

- Teacher Principal Superintendent Other _____

School grade level

- Preschool Elementary Middle/junior high High school

School name

If you are an elected official, please indicate on which level you serve:

- Municipal County Region State Federal

Occupation:

- Stay-at-home parent Agriculture, forestry, & fishing Mining Construction Manufacturing Transportation & public utilities
 Wholesale trade Retail trade Finance, insurance, & real estate Services Public administration Other _____

Employer

Year of birth

What is your race?

- American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander
 Caucasian Other _____

Highest education level completed:

- High school or equivalent Some college but not a degree Associate degree Bachelor's degree Master's degree
 Doctorate degree Other _____

As a thank you for being a valued PTA member and for completing this information, which free items would you like to receive from National PTA?

(Check as many as you like. You must provide your e-mail address to receive any/all items.)

E-mail address (if not provided above)

- A free, one-year trial subscription to the online version of *Our Children* magazine.
- National PTA Weekly* electronic newsletter (by e-mail) to stay informed about
- News within the association,
 - Resources available on www.pta.org, observances and special events, and
 - Materials from partner organizations.
- This Week in Washington* electronic newsletter, when Congress is in session, to learn about legislation that affects families and public schools. (by e-mail)
- Exclusive National PTA member benefits and sponsorship information (i.e., discounts, special offers, promotions)
- Parent involvement resources
- Leadership training (e.g., e-learning courses, information on convention, etc.)
- Participation in the Member-to-Member Network, the grassroots advocacy system that provides direct contact by PTA members with members of Congress, and occasionally with federal regulatory agencies.