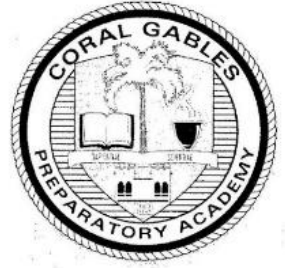


Coral Gables Preparatory Academy PTSA MEMBERSHIP FORM



Thank you for joining the Coral Gables Preparatory Academy PTSA. Please fill out the form below and return it along with your **\$10.00 per person** dues to your child's teacher or the PTSA mailboxes located in the Lower Academy media center and Upper Academy main office. Membership forms without payment are invalid. We welcome parents, grandparents, extended family and members of the community to become part of the CGPA PTSA.



Membership is \$10.00 per person (member), not per student.

(Make checks payable to CGPA PTSA.)

PLEASE PRINT CLEARLY

PRIMARY MEMBER

Last Name: _____ First Name: _____

Tel. # _____ Email Address _____

ADDITIONAL MEMBER

Last Name: _____ First Name: _____

Tel. # _____ Email Address _____

ADDITIONAL MEMBER

Last Name: _____ First Name: _____

Tel. # _____ Email Address _____

PLEASE LIST ALL STUDENTS ENROLLED IN CORAL GABLES PREPARATORY ACADEMY ASSOCIATED WITH THIS MEMBERSHIP(S).

1st Child Name _____ Teacher's Name / Grade _____

2nd Child Name _____ Teacher's Name / Grade _____

3rd Child Name _____ Teacher's Name / Grade _____

4th Child Name _____ Teacher's Name / Grade _____

FOR OFFICE USE ONLY:

PAYMENT INFORMATION

Date: _____ Amount: _____ Received By: _____ Payment: CASH / CHECK / CC Check #: _____

MEMBERSHIP DATABASE

Date Entered: _____ Entered By: _____