## Walker PTA

## Membership

Parent/Guardian Name(s):		
Phone #:	e-Mail:	
Street Address:		
Student Name:	Classroom:	
Student Name:	Classroom:	
Student Name:	Classroom:	
Areas of expertise and interest:		
Annual Membership Dues: (Please cl	hoose the highest level that works fo	r your family)
PTA Booster Membership PTA Family Membership PTA Individual Membership Additional Donation to Walker PTA Additional Donation to Principal's Angel Fund – scholarship money for those families in need Please make checks payable to: "Walker PTA"	\$30.00 for Extra-Curricular Suppor \$15.00 for 2 Adult Memberships \$10.00 for 1 Adult Membership Total Enclosed:	ss \$s \$s
Can we include your information in the Walker So Can we add you to the Walker PTA Yahoo Group	•	YES NO
I Can Help With: (Please check all that app	oly)	
<ul> <li>Walker School Newsletter</li> <li>ESSCA (Evanston School Children's Clothing As</li> <li>WalkerFest (Annual School Carnival)</li> <li>The Walker Garden Project</li> <li>Silent Auction/Parents Night Out</li> <li>Hospitality</li> <li>WalkerThon</li> <li>The Scholastic Book Fair</li> </ul>	Fifth Grade Farewell Sports Teams International Night Cultural Arts Other Areas of Interest	t: (Please List)

Please return this completed form and your payment to: the PTA lock box at Walker School or mail to: Walker School PTA, Walker School, 3601 Church Street, Evanston, IL 60203