



2017-2018



Yes! I'd like to be a member of the Santa Clara Valley PTA!

Member Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail _____

Additional Members at address above:

Name	Phone	E-Mail
_____	_____	_____
_____	_____	_____
_____	_____	_____

Amount enclosed: **Checks should be made out to Santa Clara Valley PTA**

Membership: No. of Members _____ x \$10 = _____

Donation: _____

Total enclosed: _____

Please mail this form to: Santa Clara Valley PTA
1290 Ridder Park Drive M/C 214
San Jose, CA 95131

Please consider the following:

- _____ I'd like to become a mentor to an emerging PTA leader at a low wealth school.
- _____ I'd like to become a mentor to an emerging PTA leader at a low wealth school, and I speak Spanish

You will be sent a SCV PTA membership annual renewal notice in the Summer/Fall for the next PTA year. We hope you'll stay with us for many years!