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LOCAL UNIT MEMBERSHIP REGISTRATION FORM

Registration Date: \_\_\_\_\_  Parent -  Teacher -  Student -  Other: \_\_\_\_\_

MEMBER INFORMATION

First Name		Middle Initial		Last Name	
Mailing Address					
City		State	FL	Zip Code	
Phone Numbers	Day:	Night:		Best Time:	
E-mail Address					

STUDENT/CHILD INFORMATION (If Applicable / For Local PTA Use)

Grade/Team	Student's/Child's Name	First Period Teacher	Relationship