

Shawnee Mission East PTA Membership Form 2005-06

Name(s) _____

Address _____ Zip _____

Home telephone (913) _____ Email _____

Student Name(s) _____ Grade _____

_____ Grade _____

Two Parent Family—\$28.00 _____

Single Parent Family—\$14.00 _____

_____ **I would like to make an additional donation of \$** _____

**Please make checks payable to SME-PTA and return to: Marion Paulette, SME VP Membership,
4501 West 64 Street, PVKS 66208 or 7500 Mission Road, PVKS 66208**