

# St. Anthony School

## MEMBERSHIP FORM

Member's Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	

Child(ren) at St. Anthony School:

Name:	Class:

Are you interested in being involved in any of the following committees?  
(check as many as you wish)

<input type="checkbox"/> Arts in Education	<input type="checkbox"/> Youth Protection	<input type="checkbox"/> Budget & Finance
<input type="checkbox"/> Educational Legislation	<input type="checkbox"/> Boys to Men Club	<input type="checkbox"/> Ways & Means (Fundraising)
<input type="checkbox"/> Teacher Appreciation	<input type="checkbox"/> Parent Education	<input type="checkbox"/> Publicity/Public Relations
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Health Issues	<input type="checkbox"/> Youth Protection
<input type="checkbox"/> Character Education	<input type="checkbox"/> Room Representative	<input type="checkbox"/> Other: _____

Please complete this form and submit it to the school office along with the \$10.00 membership fee (checks should be made out to "St. Anthony School HAS").

***Thank you for showing interest in your school and our wonderful children.***

<b>Office Use Only</b>	
Date Received	_____
Payment Type	<input type="checkbox"/> Cash <input type="checkbox"/> Check
Check #	_____