

# Kailua Intermediate School

2016 - 2017

## PTSA Membership Application

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Name: \_\_\_\_\_ Circle one: Parent/Teacher/Student

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Membership Fee (per family):   \$25  

Additional Donation (optional): \_\_\_\_\_

Total amount enclosed: \_\_\_\_\_  Cash  Check # \_\_\_\_\_  
(Payable to: KIS PTSA)

- Please indicate here if you would like to volunteer your time for the KIS PTSA to help with events such as Book Fair, Make a Difference Day, Teacher Appreciation, School Dances etc.
- Please indicate here if you would like to support the school by joining the PTSA board as; President, VP, Treasurer, Membership Coordinator, Secretary, Fundraising Coordinator, or Box Top Coordinator (please circle the position that interests you).

This application and payment can be returned to the PTSA mailbox located at the front office or mailed to Kailua Intermediate School, Attn: PTSA, 145 S. Kainalu Drive, Kailua, HI 96734

**Hawai'i State**  
**PTSA<sup>®</sup>**  
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