

Kailua Intermediate School

2018 - 2019

PTSA Membership Application

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, Secretary, Membership Coordinator, or Fundraising 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

