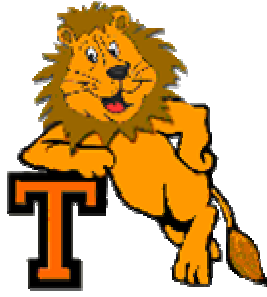


THORNE MIDDLE SCHOOL PTA



70 Murphy Road
Port Monmouth, New Jersey 07758

MEMBERSHIP

Parent or Guardian Name _____

Child's Name _____ Home Room # _____

Street Address _____

Town _____

Telephone Number _____

*EMAIL _____

With your membership you will receive a magnet calendar with upcoming PTA and Thorne Middle School events.

Please return this form by September 15, 2009 with your check for membership in the amount of \$10.00 payable to "Thorne PTA".

*email will only be used for PTA correspondence