



## Alliance for Progress Charter School

### PAB ANNUAL MEMBERSHIP APPLICATION 2016-2017

**PAB WELCOMES YOU AS A MEMBER, PLEASE COMPLETE THE INFORMATION BELOW:**

**Primary Role:**  Parent/Guardian    Grandparent    Teacher/Staff    Other \_\_\_\_\_

**Name**  Mr.  Ms.  Mrs. : \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **My T-Shirt Size:** \_\_\_\_\_

**Email:** \_\_\_\_\_  Please add me to the PAB email list for updates and news.

**AFPCS Student(s):**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

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Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

I am interested in volunteering for PAB activities. Please send me information on how to participate in PAB.

I know that in order for me to volunteer for ANY school activity, a current (within 1 year) child abuse and criminal background check must be on file at the school. (Article 1 Section 5)

**PAYMENT INFORMATION**

Annual Membership Dues: \$ 10 (cash only)

*2016-2017 Annual Membership begins once payment/application is processed and ends on June 30, 2017.*