



**2016-2017 Imagine Andrews PTO
Membership Application**

Please Print Clearly

Dues: \$5 per adult (Cash or Money Order Only)

Applicant Name: _____

Address: _____

City: _____ **State:** _____

Email Address: _____

(Please include the email address that you check most frequently)

Student Name	Grade	Homeroom Teacher
1.		
2.		
3.		
4.		

Disclaimer:

I understand the PTO membership is liable under the laws of the United States and Maryland for organizational debts in the event the organization's assets are insufficient to discharge liabilities. I understand members will be notified of their personal financial responsibility for obligations of the private organization. I also understand that the Imagine Andrews PTO has purchased insurance that will protect the membership in the event of any insufficient organizational funds.

MEMBER SIGNATURE: _____ **Date:** _____