



[] New Member

[] Renewal

[] Family

[] Staff

Canfield PTO Membership Form

Date: _____

Fee: \$10.00/family

Name: _____

Address: _____

Phone (Home): _____ (Cell): _____

E-Mail Address: _____

(to be used for PTO use **ONLY**)

Please circle the number of your child(ren) that attend each school:

CH Campbell	1	2	3	4
Hilltop	1	2	3	4
CVMS	1	2	3	4
CHS	1	2	3	4

If child's last name is different than above, please specify:

***Please be aware that two dollars (\$2.00) of your PTO membership fee will be placed in the Canfield Educational Endowment Fund. This fund was created in 1983 to provide competitive grants for Canfield teachers. These grant funds, provided by the Endowment Fund, allow teachers to purchase additional supportive materials for student use in a specific classroom or grade level.*

Please make checks payable to CANFIELD PTO and return to your child's school