



**ALPHA
ACADEMY**

**2007 – 2008 Parent’s Task Force
Membership Form**

Please PRINT and return to the School’s Office

Name: _____

Email: _____

Phone: _____

Best Time to Call: _____

Address: _____

City: _____ **Zip:** _____

Payment Method: Circle One

Cash Money Order Personal check (\$25 return fee)

Membership.....\$ 7

Program support contribution \$

Total contributions:\$ _____

Thank You