

**Wauwatosa Montessori PTSA Membership Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle All that Apply: Children’s House Lower EI Upper EI Adolescent Program

**Dues are \$6 per person (Cash or Check made out to Wauwatosa Montessori PTSA)**  
**Check # \_\_\_\_\_**

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