



**Kyrene Parent Network (KPN)**  
“Serving Kyrene Elementary & Tempe Union High School Districts”  
**Membership Form - 2007-2008**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_ (If no email, please provide a phone #.)

**Optional Information**

**Phone:** \_\_\_\_\_ **Address (include city/zip):** \_\_\_\_\_

**Schools children attend or attended:** Elementary: \_\_\_\_\_ **Current Parent (Y/N)** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Current Parent (Y/N)** \_\_\_\_\_

**Annual Donation: \$10** **Amount Enclosed:** \_\_\_\_\_ **Cash or Check** \_\_\_\_\_ **If check, #:** \_\_\_\_\_

Please make **checks payable to Kyrene Parent Network**. Forms along with payment can either be brought to the next meeting or mailed to:  
KPN, 400 E. Stacey Lane, Tempe AZ 85284

Bylaws, Section 4.1 Membership. Membership in the Corporation shall consist of any adult 18 years of age or older who resides or works or has students enrolled in the Kyrene School District and/or Tempe Union High School District.

**Questions:** [membership@KyreneParent.org](mailto:membership@KyreneParent.org)

**Website:** <http://www.kyreneparent.org/>

*All information will be confidential. Thank you!*

Revised 7/9/07