

**Rockwall Preschool Association  
Membership Form  
2011-2012**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NEIGHBORHOOD: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HUSBAND'S NAME: \_\_\_\_\_

CHILDREN:

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

YOUR PRIOR OCCUPATION: \_\_\_\_\_

YOUR CURRENT OCCUPATION: \_\_\_\_\_

YOUR HOMETOWN: \_\_\_\_\_

HIGH SCHOOL/ COLLEGE YOU ATTENDED: \_\_\_\_\_

HOBBIES/ INTERESTS: \_\_\_\_\_

**RPA BY-LAWS HAVE BEEN READ (please sign)** \_\_\_\_\_

\_\_\_\_\_ **PLEASE INCLUDE MY BUSINESS IN THE "RPA Member Owned Business Listing":**

BUSINESS NAME: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

*RPA yearly dues are \$50.00. Please make checks payable to **Rockwall Preschool Association.***

*Mail completed Membership Form with your payment to:  
**RPA ■ PO Box 1156 ■ Rockwall, TX 75087***

**For Office Use Only:**

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Waiver: \_\_\_\_\_