



PTA Membership Form

Help support your child's education by joining the _____ PTA! Date _____
Membership is \$ _____ per person. Please make checks payable to _____.

Member _____ Email _____ Cell Phone (_____) <input type="checkbox"/> parent <input type="checkbox"/> child <input type="checkbox"/> faculty/staff <input type="checkbox"/> other relationship to child _____
Member _____ Email _____ Cell Phone (_____) <input type="checkbox"/> parent <input type="checkbox"/> child <input type="checkbox"/> faculty/staff <input type="checkbox"/> other relationship to child _____
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Member _____ Email _____ Cell Phone (_____) <input type="checkbox"/> parent <input type="checkbox"/> child <input type="checkbox"/> faculty/staff <input type="checkbox"/> other relationship to child _____

If student is not listed above as a new member of the PTA, please list name and grade below:

Child Name _____ Grade _____ Teacher _____

Child Name _____ Grade _____ Teacher _____

_____ memberships @ \$ _____ each = \$ _____ check # _____ cash

THANK YOU!! Please return form to: _____

For PTA Use:

Date rec'd: ____/____/____ Cards issued: ____/____/____ Payment amount \$ _____