

PTSA MEMBERSHIP FORM

Help support your child's education by joining the BeckInternationalAcademyPTSA! Name_____Email____ Address ______,SC Zip_____) _____[] Home [] Work [] Cell Phone ([] Parent [] Faculty/Staff [] Other Relationship to Student Student Grade Level Student Homeroom Teacher_____ Individual Membership Cost: \$7.00 per person Cash Check # __ (Payable to "Beck Academy PTSA") You may also joinonlineviaGivebacks: https://beckacademy.givebacks.com (You do not need to submit this form to the school if you join online through Givebacks.) Once completed, please place this form and your payment in a sealed envelope (att: BECK PTSA MEMBERSHIP) and drop off at the front office of Beck Academy. Members will receive a monthly Beck PTSA E-newsletter at the email listed above. Joining the PTSA does not require you to volunteer or attend meetings, although we do value your participation! Feel free to contact us at beckacademyptsa@gmail.com with any questions or if you are looking for additional ways to support Beck or get involved! Thank you for your partnership! For PTA Use Only Date Rec'd _____ Payment Amount____ _____ Entered in Givebacks______ Initials___