

Beck Academy PTSA Membership Form

Parent(s)/Guardian(s)

Full Name _____

Student Full Name _____

Student Grade Level _____

Parent email address _____

Cell Phone _____

I would like to purchase:

Parent Membership (\$6.00) _____

Parent and Student Membership (\$12.00) _____

Faculty Membership (\$6.00) _____

Family Membership (\$30.00) _____

Please make checks payable to:

Beck Academy PTSA

Enclosed is my membership total of

\$ _____



BECK ACADEMY
901 WOODRUFF ROAD
GREENVILLE, SC 29607

