

Membership Matters!

Thank you for joining the PTA!

First Membership:

Member's Name _____

E-mail Address _____

Phone Number _____ Okay to Text? _____

Second Membership:

Member's Name _____

E-mail Address _____

Phone Number _____ Okay to Text? _____

**For additional memberships, please use the back of this form.*

Student's Name	Grade	Teacher

PTA use only - pmt info.

Memberships : _____ @ \$5 each \$ _____

Donation to PTA \$ _____

Total Amount Due: \$ _____

Would you like to volunteer at PTA events? _____

Would you like to serve on the PTA Board? _____

What skills, ideas, or suggestions would you like to contribute to our school?

