



PTA Membership Form H

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

1st	Member _____ Email _____ Address _____ City _____, SC Zip _____ Phone (____) _____ <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell <input type="checkbox"/> parent <input type="checkbox"/> student <input type="checkbox"/> faculty/staff <input type="checkbox"/> other relationship to student _____
2nd	Member _____ Email _____ Address _____ City _____, SC Zip _____ Date ____/____/____ Phone (____) _____ <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell <input type="checkbox"/> parent <input type="checkbox"/> student <input type="checkbox"/> faculty/staff <input type="checkbox"/> other relationship to student _____
3rd	Member _____ Email _____ Address _____ City _____, SC Zip _____ Date ____/____/____ Phone (____) _____ <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell <input type="checkbox"/> parent <input type="checkbox"/> student <input type="checkbox"/> faculty/staff <input type="checkbox"/> other relationship to student _____
4th	Member _____ Email _____ Address _____ City _____, SC Zip _____ Date ____/____/____ Phone (____) _____ <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell <input type="checkbox"/> parent <input type="checkbox"/> student <input type="checkbox"/> faculty/staff <input type="checkbox"/> other relationship to student _____

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

Student Name _____ Grade _____ Teacher _____

Student Name _____ Grade _____ Teacher _____

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

THANK YOU!! Please return form to: _____

For PTA Use:

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