## **SOUTH CAROLINA PTA**



Office: (800)743-3PTA Fax: (803)765-0399

## $\textbf{PTA Membership Form} \; \textbf{H}$

Help support your child's education by joining the	PTA! Date
Membership is \$ per person. Please make	ke checks payable to
1st Member	Email
Address	
Phone ()	□ home □ work □ cell
□ parent □ student □ faculty/staff □ other	r relationship to student
2 <sup>nd</sup> Member	Email
	City,SC_Zip
Date/ Phone ()	□ home □ work □ cell
□ parent □ student □ faculty/staff □ other	r relationship to student
3 <sup>rd</sup> Member	Email
Address	City, SC Zip
Date/ Phone ()	□ home □ work □ cell
☐ parent ☐ student ☐ faculty/staff ☐ other relationship to student	
4 <sup>th</sup> Member	Email
	City, SC Zip
Date/ Phone ()	□ home □ work □ cell
□ parent □ student □ faculty/staff □ other	r relationship to student
If student is not listed above as a new member of the PTA	
	Grade Teacher Teacher
Student Name	Grade Teacher
memberships @ \$ each = \$	check # cash
THANK VOLUE Bloods not your forms to	
THANK YOU!! Please return form to:	
For PTA Use:	
Date rec'd:/ Cards issued:	// Payment amount \$

Website: www.scpta.org Email: office@scpta.org