



Parent Teacher Association Membership Form

Membership Type

- Single (\$6)
- Couple (\$12)

Member Name:

First Name Last Name

Gender:

- Female
- Male
- Prefer not to answer

Email Address:

Home Address

Street Address

Street Address Line 2

City State

Zip Code

Primary Phone

- Home
- Cell

2nd Member Name: (couple membership)

First Name Last Name

Gender:

- Female
- Male
- Prefer not to answer

Email Address:

Home Address (if different)

Street Address

Street Address Line 2

City State

Zip Code

Primary Phone

- Home
- Cell

Child #1 Grade: __

First Name

Last Name

Child #2 Grade: __

First Name

Last Name

Child #3 Grade: __

First Name

Last Name

Child #4 Grade: __

First Name

Last Name

In addition to your membership fee, you can support the PTA in a number of areas. The suggested donation is \$35 per child enrolled in the school. You can choose the areas you would like your money to go to.

- Membership \$6.00
 ____ # of memberships
- Emergency kits \$1.00
 ____ # of kits
- Classroom Education Fund \$10.00
 ____ # of funds
- Science Program \$5.00
 ____ # of programs

- Art Program \$5.00
 ____ # of programs
- Reading Program \$5.00
 ____ # of programs
- Classroom Field Trips \$5
 ____ # of trips
- Student Directory \$4.00
 ____ # of directories

- PTA Discount t-shirt \$6.00
 (Circle choice)
 Navy or Gray
 Youth XS S M L XL
 Adult S M L XL
- Second t-shirt (couple only)
 Navy or Gray
 Youth XS S M L XL
 Adult S M L XL

Total: _____