



**PTA Membership Form H**

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

**1<sup>st</sup> Member** \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_, SC Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_  home  work  cell  
 parent  student  faculty/staff  other relationship to student \_\_\_\_\_

**2<sup>nd</sup> Member** \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_, SC Zip \_\_\_\_\_  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  home  work  cell  
 parent  student  faculty/staff  other 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 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_, SC Zip \_\_\_\_\_  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  home  work  cell  
 parent  student  faculty/staff  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 \$ \_\_\_\_\_