PTA MEMBERSHIP FORM

Help support your child's education by joining the

Date:

Name: Email:

Address: City: State: Zip:

Phone Home Work Cell

Parent Faculty/Staff Other Relationship to Student

Child's Name(s) Child's Teacher

Individual Membership Cost:

Cash

Check # (Payable to)

I am interested in **VOLUNTEERING** this year and would like to be involved with:

Fundraising - Assist the PTA with major fundraisers

Hospitality - Assist the PTA with Staff Appreciation Week

Membership - Assist with Membership drives and tables at events

Events - Assist and coordinate with our major events

Other - Share your special talent or skills!

You may also join online via Givebacks:

*Joining the PTA does **not** require you to volunteer or attend meetings, although we do value your participation!

For PTA Use Only

Date Rec'd _____ Payment Amount_____ Entered in Givebacks_____ Initials_____