PTSA 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 PTSA with major fundraisers

☐ **Hospitality** - Assist the PTSA 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 PTSA does **not** require you to volunteer or attend meetings, although we do value your participation!

For PTSA Use Only

Date Rec'd _____ Payment Amount_____ Entered in Givebacks_____ Initials_____