

PTA Membership Application

Membership Fee only \$5

Name _____

Address: _____

Phone # _____

Email _____

Preferred Method of contact: ___ Phone call ___ Text Message ___ Email

Are you interested in being added to the PTA Members Database ___ Yes ___ No

If Yes, Which contact info would you like included: ___ Address ___ Phone ___ EMail

I am interested in helping with:

___ Book Fair

___ Science Night

___ Teacher Appreciation Week

___ Family Color Run

___ Santa's Workshop

___ Fall Festival

___ Movie Night

___ Grocery Bingo

___ Wet Field Day

___ Box Tops/ Soup Labels

I am available on:

Days: _____

Times: _____

Child(rens) Name and Grade


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PAID \_\_\_\_\_ Cash \_\_\_\_\_ Check