

# PTA Membership Form

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Child(ren) and grade: \_\_\_\_\_

Number of memberships purchased : \_\_\_\_\_ X \$5.00 = \_\_\_\_\_

\*If you are purchasing more than one membership, please list all names on the back of the form to ensure each member gets their own membership card!

I would be interested in helping with the following:

\_\_\_\_\_ Parent/Teacher Conferences      \_\_\_\_\_ School Events      \_\_\_\_\_ Book Fairs

\_\_\_\_\_ PTA Board Position      \_\_\_\_\_ PTA Chair Position      \_\_\_\_\_ Committee member

Other or special skills that could help our PTA: \_\_\_\_\_

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