



PTA Membership Form

Member #1 Name _____ E-mail _____

Address _____ City _____ Zip _____

Phone # _____

Parent ___ Student ___ Faculty/Staff ___ Other (relationship to child) _____

Member #2 Name _____ E-mail _____

Address _____ City _____ Zip _____

Phone # _____

Parent ___ Student ___ Faculty/Staff ___ Other (relationship to child) _____

Member #3 Name _____ E-mail _____

Address _____ City _____ Zip _____

Phone # _____

Parent ___ Student ___ Faculty/Staff ___ Other (relationship to child) _____

_____ # Memberships @ \$5 each = \$_____ check # _____ cash _____

If one of the memberships listed above is not a student, please complete the following info:

Student's Name _____ **Student's Teacher** _____

Once you receive your card, please activate it at www.pta.org, in order to access valuable resources and discounts.

For PTA Use: Date rec'd: ___/___/___ Cards issued: ___/___/___ Payment amount \$_____