



PTA Membership Form

Contact Information:

Name: _____

Student's Name: _____ Teacher: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PTA Membership:

I want the following PTA Memberships @ \$5.00 a piece:

Total # of PTA Memberships: _____ Total \$ Amount: _____

Name on Card: _____

Name on Card: _____

Log on to www.pta.org/members to see what additional benefits a PTA membership offers!

* Please note, your PTA Membership must be renewed annually.

