



PTA Membership Form H

Help support your child's education by joining the _____ PTA! Date _____
Membership is \$ _____ per person. Please make checks payable to _____.

1st Member _____	Email _____
Address _____	City _____, SC Zip _____
Phone (____) _____	<input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell
<input type="checkbox"/> parent <input type="checkbox"/> student <input type="checkbox"/> faculty/staff <input type="checkbox"/> other relationship to student _____	
2nd Member _____	Email _____
Address _____	City _____, SC Zip _____
Date ____/____/____	Phone (____) _____ <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell
<input type="checkbox"/> parent <input type="checkbox"/> student <input type="checkbox"/> faculty/staff <input type="checkbox"/> other relationship to student _____	
3rd Member _____	Email _____
Address _____	City _____, SC Zip _____
Date ____/____/____	Phone (____) _____ <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell
<input type="checkbox"/> parent <input type="checkbox"/> student <input type="checkbox"/> faculty/staff <input type="checkbox"/> other relationship to student _____	
4th Member _____	Email _____
Address _____	City _____, SC Zip _____
Date ____/____/____	Phone (____) _____ <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell
<input type="checkbox"/> parent <input type="checkbox"/> student <input type="checkbox"/> faculty/staff <input type="checkbox"/> other relationship to student _____	

If student is not listed above as a new member of the PTA, please list name and grade below:

Student Name _____ Grade _____ Teacher _____

Student Name _____ Grade _____ Teacher _____

_____ memberships @ \$ _____ each = \$ _____ check # _____ cash

THANK YOU!! Please return form to: _____

<u>For PTA Use:</u>
Date rec'd: ____/____/____ Cards issued: ____/____/____ Payment amount \$ _____