

PTA Membership Application

The membership dues are \$6 **per person**. These dues are divided up among the local, state, and National PTA.

Name: _____ Student Name: _____

Teacher: _____ Address: _____

Address2: _____ City, State, Zip: _____

Phone: _____

Amount Enclosed: \$ _____

Area where you can help: _____

Please return this form to your child's teacher in an envelope marked
"PTA Membership".