



PTA Membership Form

Primary Adult Member's Name: _____

E-mail Address: _____

Adult Member's Name: _____

E-mail Address: _____

Full Address: _____

Home Number: _____ Cell Number: _____

Primary Member: I am a [] Parent [] Student [] Admin/Staff [] Grandparent [] Business [] Community Member [] Friend [] Other: _____

Table with 4 columns: Student's Name, Grade, Homeroom Teacher, Student Joining? (checkbox)

Would you like to volunteer to help the PTA?

- [] Arts Education/Reflections [] Membership Committee [] Student Enrichment [] Watch D.O.G.S. [] Environmental/Beautification [] Read-A-Thon [] Student Event Committee [] Fundraising [] Spirit Stick Club [] Teacher Appreciation

Teacher Appreciation: (Faculty & Staff)

- [] Please contact me to donate food items or paper products for appreciation events. [] I would like to make a cash donation to help with the cost of appreciation events.

Contact Method: [] E-mail [] Phone Call [] Text

Additional Comments? _____

Table for calculations: Number of PTA Members X \$7.50 = \$, Additional Donation = \$, Total = \$

Cash or Check made payable to AB Harrison Intermediate PTA.

Please include your phone number on the check and return in an envelope marked PTA Membership.

PTA USE ONLY Recv'd _____ Entered _____ Card Issued _____ Card Issued _____ SS _____