

**Primary / Elementary /
Intermediate / Middle School**



PTA MEMBERSHIP FORM

Member name: _____

Email Address: _____

Additional Member: _____

Email Address: _____

Address: _____

City: _____ Zip _____

Best Contact Telephone: _____

Student Name	Grade	Teacher
_____	_____	_____
_____	_____	_____

May we include your contact information in a directory for PTA members only? Yes No

Faculty Member

#____ Regular Memberships @ \$6.50 ea \$ _____

#____ Family Memberships (2 adults) @ \$11.00 ea \$ _____

#____ Faculty Memberships @ \$4.50 \$ _____

Must be an employee of Pine Tree ISD to qualify for Faculty Membership.
If you would like to purchase a membership for your child's teacher please include their name here: _____

Additional Tax Ded. Donation \$ _____

TOTAL ENCLOSED: \$ _____

Please make checks payable to Pine Tree PK-6th PTA
Return to school attention: "PTA Membership"