



# 2020-21 Marshdale PTA General Membership Form

*Voting Rights | Have Your Voice Heard | Volunteering Welcome, Not Required*

Name: \_\_\_\_\_

**Circle all that apply:** Parent / Grandparent / Staff / Community Member

Address (include City & Zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email (must provide to get PTA communication): \_\_\_\_\_

Second Member Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email (must provide to get PTA communication): \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Individual Membership (1 vote) - \$20

Family Membership (2 votes) - \$40

Staff Membership (1 vote) - \$10

Please make checks payable to "Marshdale PTA" and return to office, or send in to your child's teacher.

I authorize PTA to use my information for a school wide directory.

Date \_\_\_\_\_

Amount Paid \_\_\_\_\_

Cash or Check # \_\_\_\_\_