



2019-2020 Marshdale PTA General Membership Form

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

Name: _____

Circle all that apply: Parent / Grandparent / Staff

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 _____

Family Membership

\$20

Faculty/Staff

\$10

Please make checks payable to "Marshdale PTA" and return to office.

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

Date _____ Amount Paid _____ Cash or Check # _____