



2015-2016 Marshdale PTA Membership Form

Name: _____

Circle all that apply: Parent / Grandparent / Faculty / 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

\$30

Faculty/Staff

\$10

Please make check payable to "Marshdale PTA" and return to office

Date _____ Amount Paid _____ Cash or Check # _____