

2024-2025 Marshdale PTA General Membership Form

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



Name: _____

Circle all that apply: parent / grandparent / community member

Address: (include city and zip code)

Home Phone: _____ Cell Phone: _____

Email (must provide to receive PTA communications): _____

Second Member (If Family Registration): _____

Home Phone: _____ Cell Phone: _____

Email (must provide to receive PTA communications): _____

Child's Name: _____ Grade: _____

Teacher's Name: _____

Child's Name: _____ Grade: _____

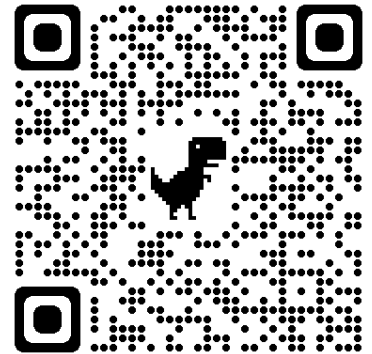
Teacher's Name: _____

Child's Name: _____ Grade: _____

Teacher's Name: _____

Child's Name: _____ Grade: _____

Teacher's Name: _____

☐

Individual Membership (1 vote) \$20

☐

Family Membership (2 votes) \$35

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Community Member Membership (1 vote) \$20

Scan the QR code or send check/cash
to school with your child.

Please make checks payable to
"Marshdale PTA".

Date: _____ Amount Paid: _____ Cash/Check #: _____