2023-2024 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) - $35
Staff Membership (1 vote) - $10

Scan the QR code or send cash/check to school with your child.
Please make checks payable to "Marshdale PTA".

Date ___________ Amount Paid ___________ Cash or Check # ___________

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