LET OUR PRIDE SHINE!!!!

Pine View Middle School PTA Membership Form

Membership(s) are purchased in honor of:

Student Name:_____ Grade:_____ Homeroom:_____

Student Name:_____ Grade:_____ Homeroom:_____

Student Name:_____ Grade:_____ Homeroom:_____

Student Name:_____ Grade:_____ Homeroom:_____

Please indicate the type of membership that you are purchasing (circle all that apply):

$5.00 - Single membership (1) **Father** **Mother** **Guardian(s)**

$10.00 - Parents (2) **Grandparent** **Teacher** **PVMS Staff**

$15.00 - Family of Three (3)

$20.00 - Family of Four (4)

$25.00 - Corporation (5)

Address:_____

_____

Phone number:_____

** Email:_____

I would like to volunteer (please check all that apply):

Volunteer_____ **Committee Member_____** **Board Member____**

Membership_____ **Box Tops/Labels _____** **Volunteer Coordinator ___**

Friday Popcorn/Lemonade_____ **Shirt/Jacket coordinator _____**

What Name(s) do you want to appear on your membership card(s):

1._____

2._____

3._____

4._____

5._____

Payment can be made in the form of a check or cash.
Make checks payable to PVMS PTA. Return to the homeroom teacher or school office.
Your membership card(s) will be sent home with your child. We can mail corporate memberships if and address is provided.

Thank you for your support!

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For PVMS PTA use only:

TOTAL # OF MEMBERSHIPS_____ **TOTAL PAYMENT: $_____**

CHECK #_____ **CASH_____**