



PTA Membership Form 2017-2018

The PTA's mission is to make every child's potential a reality by engaging and empowering families and communities to advocate for all children.



PTA Member 1 (First & Last Name) _____

Relation to student: _____

Address _____

City _____ State _____ Zip _____

Email Address: _____

Phone: _____

Student Names(s): _____

Teacher(s) & Grade(s): _____

MEMBERSHIP

ONE PTA Membership and One Digital Directory (PDF-password protected)*	\$10	\$ _____
Additional Membership (no directory)	\$5	\$ _____
PTA Member 2: (First & Last Name) _____ Relation to student: _____		
Printed Directory	\$5	\$ _____
Additional Donation to Brookridge PTA		\$ _____

PTA Membership pricing includes National Dues (\$2.25) & State Dues (\$1.75)

PAYMENT

Cash or Check: Please make checks payable to Brookridge PTA or send the exact amount of cash. Return this form with payment to the school in an envelope marked PTA .	\$ _____ TOTAL
Payment with Credit Card: Available only at PTA events.	

For Cashier: Cash/Credit/Check # _____ Name on Check/Card _____

Amount Paid \$ _____