

SOUTH BAY ELEMENTARY

PTA MEMBERSHIP FORM

2018-19



		MEMBER INFORMATION		
Student #1 (name)			Teacher	Grade
Student #2 (name)			Teacher	Grade
Student #3 (name)			Teacher	Grade
How many years has your fam	nily attended South E	Bay?		
Street Address:				
City:	Zip:	Home Phone #:	Parents # (cell)	
Parent(s) First & Last Names: Email Address(es):				
Preferred contact method (pr	none, email, mail):			
		PTA MEMBERSHIP		
per person or \$20 for two.	We encourage pare	& access to exclusive member dis ents/guardians (dual membership erships are encouraged & provide	/ funds more programs), grandp	arents, staff, and
SINGLE or DUAL MEMBERSH	Member #2 Na	ame:	1@\$10.00 2@\$20.00	\$
Relation to School (parent, staff, community member, etc.) BUSINESS NAME:			(Tax Deductible)	\$
Relation to School (parent, staff, community member, etc.)			1@\$50.00 (Tax Deductible)	Ŷ
		PTA DONATION		
South Bay PTA is a 501(c)3 non-profit organization and both donations and membership are tax deductible.				\$
PTA USE: CASH CHECK #	Please make ch South Bay PTA.	ecks payable to:	GRAND TOTAL	