

2020-2021 Trailridge PTA Membership Form

Trailridge PTA		
<p>We are committed to making every child's potential a reality by engaging and empowering families and communities to advocate for children. You can help us reach our goal in this community by becoming a member! Please fill out the form and return to us with your membership dues. Your dues go toward funding our local programs and advocacy efforts at the state and national level.</p>		
Member(s) Household Information		
Address		
City	State	Zip
Member #1 Information		
Name		
Mobile # for Text Messages	Email	
Involvement Level? Donating Money <input type="checkbox"/> Volunteering Time <input type="checkbox"/> Chairing a Committee <input type="checkbox"/>		
Member #2 Information		
Name		
Mobile # for Text Messages	Email	
Involvement Level? Donating Money <input type="checkbox"/> Volunteering Time <input type="checkbox"/> Chairing a Committee <input type="checkbox"/>		
Member #3 Information		
Name		
Mobile # for Text Messages	Email	
Involvement Level? Donating Money <input type="checkbox"/> Volunteering Time <input type="checkbox"/> Chairing a Committee <input type="checkbox"/>		
What is your preferred method of communication? Please choose your top 2 choices.		
PTA Website <input type="checkbox"/> PTA FB Page <input type="checkbox"/> School Newsletter <input type="checkbox"/> Text Reminders <input type="checkbox"/> Paper Flyers <input type="checkbox"/>		
Number of Memberships: _____ x \$10.00 = \$ _____		
Business Membership Dues (see additional form): \$ _____		
Additional Tax-deductible Donation: \$ _____		
Subtotal: \$ _____		
Please, make checks payable to Trailridge PTA. Thank you for your support.		
For PTA use only		
Date: _____		Amount: \$ _____
Check <input type="checkbox"/> Cash <input type="checkbox"/>		Check # _____