

Mira Vista PTA Membership Form

Student Name _____

Teacher/ Room# _____

Additional Student Name _____

Additional Teacher/ Room# _____

Parent or Guardian Name(s) _____

Primary phone # _____

Alternate# _____

Email Address _____

Secondary Email Address (optional) _____

Street Address _____

City _____ Zip Code _____

Annual Dues are **\$20.00 per adult**. PTA Dues Enclosed: \$ _____

We wish to make an **additional donation** to support the PTA: \$ _____

Donations to the PTA are tax deductible (tax ID# 94-6184036)

Total \$ _____

Please make checks payable to: **Mira Vista PTA**

Return this form to your child's teacher as soon as possible.

Thank you for your support!

8/9/11