

## 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