



PTA MEMBERSHIP FORM

Help support your child's education by joining the Bennie PTA. It is **\$7.00** for each membership. Please make checks payable to "**Bennie PTA**". Please return this form with payment to your child's teacher. **Your membership card(s) will be sent electronically from the Michigan PTA to your email address.**

1st Member _____ Email _____
Address _____ City _____ Zip _____
Phone () _____ Home Work Cell
 Parent/Guardian Grandparent Faculty/Staff Other _____

2nd Member _____ Email _____
Address _____ City _____ Zip _____
Phone () _____ Home Work Cell
 Parent/Guardian Grandparent Faculty/Staff Other _____

3rd Member _____ Email _____
Address _____ City _____ Zip _____
Phone () _____ Home Work Cell
 Parent/Guardian Grandparent Faculty/Staff Other _____

Student Name _____ Grade _____ Teacher _____
Student Name _____ Grade _____ Teacher _____
Student Name _____ Grade _____ Teacher _____

Do you have a unique talent or skill that you would like to share with the Bennie PTA? (ex. – carpenter, artist, photographer)? We are always in need of these and other special talents for our events. Please include name, a phone # where you can be reached and your area of expertise.

Extra donation for Bennie PTA programs (optional): \$ _____

THANK YOU FOR YOUR SUPPORT

For PTA Use:

Date Received ___/___/___ Cards Issued ___/___/___ Initials _____ Payment Amount \$ _____

_____ memberships @ \$ 7.00 each = \$ _____ check # _____ cash