

Put our



Join the PTA

**West Valley Elementary PTA Membership Form 2018-2019**

Fill out this form and return it to the school along with your dues of \$6.00 per member (not student).

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_ Female \_\_\_ Male Primary Phone: \_\_\_\_\_ Type: Mobile, Home, Work

Students Name(s) & Teacher(s): \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_

How would you be interested in helping? Mark all that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Staff Birthdays        | <input type="checkbox"/> Vision Screening (Sept.) | <input type="checkbox"/> Ribbon/Spirit Week (Jan. 14-18) |
| <input type="checkbox"/> Social Media           | <input type="checkbox"/> Book Fair (Sept. & Feb.) | <input type="checkbox"/> Junior Achievement (Jan./Feb.)  |
| <input type="checkbox"/> Bulletin Boards        | <input type="checkbox"/> Reflections (Sept./Oct.) | <input type="checkbox"/> Teacher Appreciation (May 1-5)  |
| <input type="checkbox"/> Volunteer Appreciation | <input type="checkbox"/> Read-a-thon (October)    | <input type="checkbox"/> Maturation Education            |
| <input type="checkbox"/> Field Day (May)        |   | (4 <sup>th</sup> & 5 <sup>th</sup> grades)               |

OR

Check if unable to Volunteer: \_\_\_\_\_



PTA Use Only – Date Received: _____	Amount: _____	Cash OR Check	Received by: _____
-------------------------------------	---------------	---------------	--------------------