

# Montevideo PTA Membership 2013/2014

We encourage parents, teachers, relatives, and friends to join the PTA through Montevideo. Our goal is to bring our students the programs and resources they need to succeed. Thank you for joining PTA & enriching our student's educational experience at Montevideo!

**PLEASE PRINT CLEARLY - This information will be published in the school directory.**

	FIRST NAME	LAST NAME	TEACHER	GRADE
Student:	_____	_____	_____	_____
Student:	_____	_____	_____	_____
Student:	_____	_____	_____	_____

- I am a returning PTA member & my information has not changed. (Skip information below.)
- I am a new member or need to update my information. (Please complete the information below)

Parent: \_\_\_\_\_

Parent: \_\_\_\_\_

Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

## Membership Dues

\$ \_\_\_\_\_ **\$25.00 MOUNTAINEER FAMILY MEMBERSHIP**  
Includes 2 PTA memberships, PTA calendar, Directory, and a LEGOLAND 2 for 1 coupon

\$ \_\_\_\_\_ **\$18.00 BASIC MEMBERSHIP**  
Includes 2 PTA memberships, Directory, and a LEGOLAND 2 for 1 coupon

\$ \_\_\_\_\_ **\$5.00 Additional Directory**

\$ \_\_\_\_\_ **\$7.00 Additional Calendar**

\$ \_\_\_\_\_ **\$9.00 FRIENDS & RELATIVES MEMBERSHIP**  
Includes 1 PTA membership and a LEGOLAND 2 for 1 coupon

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\$ \_\_\_\_\_ **\$10.00 BUSINESS OWNER MEMBERSHIP**  
Includes 1 PTA membership, "Certificate of Recognition" for display purposes, a business card size ad in our directory \*Please submit one business card size advertisement\*, and a LEGOLAND 2 for 1 coupon.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\$ \_\_\_\_\_ **ADDITIONAL CONTRIBUTIONS**  
Any additional contribution would help the PTA fund the many enrichment programs at Montevideo.

**\$ \_\_\_\_\_ TOTAL ENCLOSED** - Please make checks payable to **Montevideo PTA** or you can pay through our **PAYPAL account**

**THANKS FOR YOUR SUPPORT - IF YOU HAVE QUESTIONS,  
CONTACT Julie Collins at [MEMBERSHIP@MONTEVIDEOPTA.ORG](mailto:MEMBERSHIP@MONTEVIDEOPTA.ORG)**

Additional forms can be printed from our website @ [www.montevideopta.org](http://www.montevideopta.org)

PTA USE ONLY		DATE	DATE	
Amount: _____	Cash: _____	Check#: _____	Received: ____/____/____	Sent: ____/____/____ Initials _____

SPLIT Check Event \_\_\_\_\_ Amount: \_\_\_\_\_