

Montevideo PTA Membership 2015-2016

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:	_____	_____	_____	_____

- Returning PTA member & my information **has not** changed (Skip to Membership Dues)
 Returning PTA member but my information **has** changed (Complete Information Below)
 New PTA member (Complete Information Below)

Parent/Other: _____

Parent/Other: _____

Address: _____ City: _____ Zip: _____

Phone # (_____) _____ E-Mail _____

Membership Dues

\$ _____ **\$27.00 MOUNTAINEER FAMILY MEMBERSHIP (fill out information above)**
Includes 2 PTA memberships, PTA calendar, Directory, and a LEGOLAND 2 for 1 coupon

\$ _____ **\$20.00 BASIC MEMBERSHIP (fill out information above)**
Includes 2 PTA memberships and a LEGOLAND 2 for 1 coupon

\$ _____ **\$10.00 FRIENDS & RELATIVES MEMBERSHIP (fill out information below)**
Includes 1 PTA membership and a LEGOLAND 2 for 1 coupon

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

\$ _____ **\$15.00 BUSINESS OWNER MEMBERSHIP (fill out information below)**
Includes 1 PTA membership, "Certificate of Recognition" to display, business card sized ad in PTA Directory (Please submit one business card size advertisement), and LEGOLAND 2 for 1 coupon.

Business Name: _____

Address: _____ City: _____ Zip: _____

\$ _____ **\$5.00 Additional Directory**

\$ _____ **\$7.00 Additional Calendar**

\$ _____ **ADDITIONAL CONTRIBUTIONS**

All additional contributions help our PTA fund the many enrichment programs at Montevideo.

\$ _____ **TOTAL ENCLOSED** - Please make checks payable to **Montevideo PTA**

THANKS FOR YOUR SUPPORT - IF YOU HAVE QUESTIONS, CONTACT WENDY KENDRICK AT
MEMBERSHIP@MONTEVIDEOPTA.ORG

Additional forms may be printed from our website @ www.montevideopta.org

PTA USE ONLY

DATE

DATE

Amount: _____ Cash: ____ Check#: _____ Received: ____/____/____ Sent: ____/____/____ Initials _____

SPLIT CheckEvent _____ Amount: _____