



## Holman PTA Membership Form 2019-2020

**Family/ Staff Membership is \$10.00.**

**Please make checks payable to Holman PTA.**

Family Membership \_\_\_\_\_

Holman Staff Membership \_\_\_\_\_

### **Parent(s)/ Staff Member Info:**

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

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

**We will be contacting you at this email with meeting reminders and  
volunteer opportunities!**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please return this form with your \$10 membership fee to the front office or  
give to any PTA officer. If you have any questions, please email us at  
holmanmiddlepta@gmail.com.**

**Thank you for joining! We couldn't do what we do without you  
and your support!**

For PTA/Office Use Only: Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Payment Method: ☐ Cash ☐ Credit ☐ Check # \_\_\_\_\_

Membership # \_\_\_\_\_