



**Holman PTA Membership Form 2023-2024**  
**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 # \_\_\_\_\_