

# Harding PTSA Membership Form

Member 1 Name: \_\_\_\_\_  
 Check one:       Parent       Teacher/Staff       Student       Friend/Relative/Other

Member 2 Name: \_\_\_\_\_  
 Check one:       Parent       Teacher/Staff       Student       Friend/Relative/Other

Member 3 Name: \_\_\_\_\_  
 Check one:       Parent       Teacher/Staff       Student       Friend/Relative/Other

Member 4 Name: \_\_\_\_\_  
 Check one:       Parent       Teacher/Staff       Student       Friend/Relative/Other

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

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 (Monthly PTSA Email updates)

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please List Child(ren) attending Harding Middle School:

Student's Name	Grade Level	Homebase Teacher or Room No.

**I WANT TO GET INVOLVED!** Call me, I would like to help with the following:

- |  |  |
|--|--|
| <input type="checkbox"/> 8 <sup>th</sup> Grade Party | <input type="checkbox"/> Market Day Fundraiser (monthly)   |
| <input type="checkbox"/> Scholastic Book Fair        | <input type="checkbox"/> Newsletter Distribution (monthly) |
| <input type="checkbox"/> Staff Appreciation          | <input type="checkbox"/> Student Dances (quarterly)        |
| <input type="checkbox"/> <i>Blood Drive</i>          |  |

Please return this completed membership form along with payment of \$5 per member (cash or check made payable to Harding PTSA) to student's homebase teacher or the school office.

Dues: \_\_\_\_\_ # of members @ \$5 per member = \$ \_\_\_\_\_

I would also like to donate to the PTSA Painless Project = \$ \_\_\_\_\_

Total Amount Enclosed = \$ \_\_\_\_\_

FOR PTSA USE ONLY:

CASH: \_\_\_\_\_ CHECK NO. \_\_\_\_\_ DATE: \_\_\_\_\_ ENTERED: \_\_\_\_\_ FILE DATE: \_\_\_\_\_ CARD ISSUED: \_\_\_\_\_