



PTA Membership Form

Help support your child's education by joining the Meyer Center for Special Children PTA! Date _____
Membership is \$ _____ per person. Please make checks payable to _____.

1st Member _____ Email _____
 Address _____ City _____, SC Zip _____
 Phone (____) _____ home work cell
 parent student faculty/staff other relationship to student _____

2nd Member _____ Email _____
 Address _____ City _____, SC Zip _____
 Date ____/____/____ Phone (____) _____ home work cell
 parent student faculty/staff other relationship to student _____

3rd Member _____ Email _____
 Address _____ City _____, SC Zip _____
 Date ____/____/____ Phone (____) _____ home work cell
 parent student faculty/staff other relationship to student _____

4th Member _____ Email _____
 Address _____ City _____, SC Zip _____
 Date ____/____/____ Phone (____) _____ home work cell
 parent student faculty/staff other relationship to student _____

If student is not listed above as a new member of the PTA, please list name and grade below:

Student Name _____ Grade _____ Teacher _____

Student Name _____ Grade _____ Teacher _____

_____ memberships @ \$ _____ each = \$ _____ check # _____ cash

THANK YOU!! Please return form to: _____

For PTA Use:
 Date rec'd: ____/____/____ Cards issued: ____/____/____ Payment amount \$ _____