

Carol City PTSA Membership Form

Parent Name _____

Child Name _____

Address _____

Phone _____ Cell _____

Email _____

Are you interested in serving on the PTSA Board? ____ Yes ____ No

Would you be willing to volunteer for something? ____ yes ____ No

Do you have a special skill or knowledge or job that could benefit out PTSA?

____ Individual membership \$5.00

Parent, Student, or Teacher

Additional Donations

(If you wish!)

Amount received

Cash _____

Check _____

Check# _____