



PTA Membership Form

(Please complete this form and return to your child's teacher. All checks payable to Shelton View PTA.)

Family Membership (2+ Members) \$24 _____ Individual Membership \$16 _____ Business \$35.00 _____
Staff/Teacher \$14.00 _____ *Please make all checks payable to "Shelton View PTA."*

Member Name: _____

Email Address: _____

Member Name: _____

Email Address: _____

Home Address: _____ City: _____ Zip: _____

Phone Number: _____

Child's Name: _____ Teacher: _____

Child's Name: _____ Teacher: _____

Child's Name: _____ Teacher: _____

****Please check with your place of business to see if they will match donations and/or volunteerism to the school!****

Gift of Membership

Sponsor Your Staff (\$14) or another Shelton View Family's PTA Membership

Staff Member's Name: _____ Amount \$ _____

Family's Name: _____ Amount \$ _____

If the staff member's/family's membership is already paid for, please pay for another staff member.

Enter Alternate Name: _____

Or donate this amount to the general membership account.

 Check # _____ Amount _____

To learn more about the PTA visit www.sheltonviewpta.com.
Questions? Email Keri Culbertson, kericulbertson@comcast.net