



PTA Membership Form

Please complete this form and return to your child's teacher or drop it off at the office in a sealed envelope.
All checks payable to Shelton View PTA.

Family Membership (2+ Members) \$24.00 _____ Individual Membership \$16.00 _____
Business \$35.00 _____ Staff member/Teacher \$14.00 _____

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: _____

Child's Name: _____ Teacher: _____

(Please check with your place of business, as a lot of companies 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.

To learn more about the PTA visit www.sheltonviewpta.com.

Questions? Email svptapresident1@gmail.com