**Sara Collins Elementary School PTA**

**2018 - 2019 Membership and Payment Form**

Sara Collins Elementary PTA is an active PTA that has done much over the past years to support the children at Sara Collins. In addition to making financial purchases for the school that directly benefit our students, we offer programs that promote the welfare of these children. Once again, we strive for 100% membership in our PTA. Please join either online via the link through the Sara Collins Eblast or complete this form (one form per family - please print legibly). It is only $5 per membership. Return this completed form with payment (preferably check or money order) to your child’s teacher. Please make checks payable to Sara Collins PTA. Forms are due by **Friday, September 7, 2018.**

Student’s Name Grade Teacher

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Parent/Guardian Name (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Sara Collins Family? Y / N

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (All PTA correspondence will be done by email)

**PTA Individual Membership** - $5.00 (every family member should join!) $5.00 X \_\_\_\_\_ = \_\_\_\_\_\_\_\_

Name(s) for Membership (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PTA Family Membership** - $20.00 (4 individual memberships to PTA) $20.00 X \_\_\_\_\_ = \_\_\_\_\_\_\_\_

Names for Membership (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (d) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total payment (Please make checks payable to Sara Collins PTA) $ \_\_\_\_\_\_\_\_**

For PTA Use Only

Check no. \_\_\_\_\_\_\_\_\_\_\_\_

Rec’d by \_\_\_\_\_\_\_\_\_\_\_\_

Date rec’d \_\_\_\_\_\_\_\_\_\_\_\_

**Note** – All personal information collected from you on this form will be held in strict confidence and used solely for PTA purposes. Sara Collins PTA does not share member information with any entity other than the South Carolina PTA or the National PTA or in accordance with Greenville County School District policy.