



PTA Membership Application

Your primary role: Parent/Guardian Grandparent Teacher/Staff

Individual Membership (\$7)

Membership for 2 (\$12)

Please attach payment to form; cash or check made payable to Kernodle PTA.

Member Name(s): _____

Preferred E-mail Address: _____

Teacher's Name: _____ Student's Name: _____

I am willing to assist with:

Book Fair Staff Appreciation Dances Special Events

Grade-Level Fun Nights Restaurant Nights Merchandise Sales

The time of day I have the most availability to volunteer: Morning Afternoon Evening