

Woodgate Intermediate PTA
Membership Form

Member Name: _____

Address: _____

City, State, Zip: _____

Best Contact Phone: _____ Best Contact Time: Day Evening Either

Best Contact Email: _____

Membership is open to all family members, regardless of age.

Name: _____

Name: _____

of members @ \$7.00 per member = \$ _____

_____ # of Lifetime Members @ \$4.75 per member = \$ _____ (must already be Lifetime Member

Additional Donation to help build success \$ _____

Childs Name: _____ Grade: _____ Homeroom: _____

Childs Name: _____ Grade: _____ Homeroom: _____

Childs Name: _____ Grade: _____ Homeroom: _____



I would like to be contacted for Woodgate Intermediate PTA positions

⇒ Member Signature: _____ Date: _____



PTA USE

Membership Paid \$ _____ Cash Check # _____ # members _____ membership cards provided

Additional Donation \$ _____ Added to directory Submitted Date: _____