



# PTA Membership Form

*Be the change you wish to see in the world*

- Gandhi

### Mission Statement

*The Taft PTA is committed to creating and bringing engaging activities that enrich and broaden our children's curriculum. We all work together to enhance our school's academics, fine arts, and environment for the success of our learners.*

Parent / Guardian Name: \_\_\_\_\_

Additional Paying Member's Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Text/Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Taft Staff Member? Yes No    Do you use Facebook? Yes No    Are you on our PTA page? Yes No

Child's Name	Grade	Teacher's Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Office Use Only

Date: \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

Check # \_\_\_\_\_

Amount: \_\_\_\_\_

Card No. \_\_\_\_\_

Please mark if you are interested in helping for any of the activities listed below.

Walk A Thon : YES NO Maybe

Holiday Shoppe: YES NO Maybe

Fun Fair: YES NO Maybe

Teacher Appreciation Week: YES NO Maybe

Copy Cats: YES NO Maybe

Library Help: YES NO Maybe

Room Mom: YES NO Maybe

Birthday Treats: YES NO Maybe

Dues: \$5.50 per person

Do you have a special talent or is there anything you would like to do or see happen at Taft?

\_\_\_\_\_  
\_\_\_\_\_

Quantity \_\_\_\_\_

x \$5.50 \_\_\_\_\_

Total Due \_\_\_\_\_

**\*\*Please enclose your payment in cash, or check made out to Taft PTA\*\***