

PTA MEMBERSHIP ORDER FORM

Parent Name: _____ Student(s) Name: _____

Grade Level: _____ Phone: _____ Email Address: _____

BECOME A MEMBER – PTA MEMBERSHIP CARDS							
Member Name (Please fill in Names for each Member and mark the appropriate identification box)	Parent/ Guardian	Student	Teacher/ Staff	Grand- parent	Other	EACH	TOTAL
						\$6.00	
						\$6.00	
						\$6.00	
						\$6.00	
						\$6.00	
						\$6.00	
Sponsor a Staff Member or a Family in Need			X			\$6.00	
PTA Memberships Total:							\$

Please return the enclosed form along with payment to: MacFarlane Park Elementary, Attn: PTA, 1721 North MacDill Avenue, Tampa, Florida 33607, **no later than August 2, 2017**, to ensure processing for Meet the Teacher. You will receive your PTA membership card after the beginning of the school year. Thank you for your support!
CASH, CHECK OR MONEY ORDERS ACCEPTED. Make checks payable to: MacFarlane Park PTA