

**Membership Form**

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Student(s) Name(s)          Grade          Advisory Teacher

\_\_\_\_\_

\_\_\_\_\_

**Dues/Types          of          Membership          (circle          one)**

Family \$10.00          Teacher/Staff \$5.00

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

**Sorry, I will not be joining RVMS PTA this year.**

**Parent Signature** \_\_\_\_\_

**Please check any that you are interested in participating in:**

PTA Fundraisers

         Teacher/Staff          Appreciation

Activities/Events

Pancake Breakfast/SilverBell 5K

Other \_\_\_\_\_

Staff          Use          Only

Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Received by \_\_\_\_\_

2017/2018 School Year