



## PTA Membership Request Form

**§15 Per Family**

**Name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Payment Method:** cash or check (circle one) check # \_\_\_\_\_

**\*\*\*\*\*Please make checks payable to PBES-PTA\*\*\*\*\***

**\*\*If you have a student(s) enrolled at PBES, Please list name and grade of each\*\***

**Student Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**PTA meetings will be held the 1st Tues. of every month, Time and Place TBD**

**Thank You for your support!**