



## PTA Membership Request Form

**€15 Per Person**

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

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

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

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

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

**\*\*Please list each student(s) name and grade enrolled at PBES\*\***

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

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

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

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

PTA meetings will be held the second Tuesday of every month at 5:30pm Location TBD  
Thank You for your support!