

# TALBOT COMMUNITY SCHOOL PTO



## Membership Form



### YOUR INFORMATION

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

Parent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ OK to text? YES \_\_\_ NO \_\_\_

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

Student Name #1: \_\_\_\_\_ Grade: \_\_\_ M/F

Student Name #2: \_\_\_\_\_ Grade: \_\_\_ M/F

Student Name #3: \_\_\_\_\_ Grade: \_\_\_ M/F

### TELL US A LITTLE MORE

Would you be interested in getting involved in the Talbot PTO? YES \_\_\_ NO \_\_\_

Will this be your first time volunteering with the Talbot PTO? YES \_\_\_ NO \_\_\_

### HOW ARE YOU INTERESTED IN GETTING INVOLVED?

#### COMMUNICATION

- Flyers
- Phone Calls
- Fundraising
- Event Setup/Cleanup
- Social Media
- No Preference

#### EVENTS

- Back to School
- Pumpkin Fest
- Family Movie Night
- Book Fair
- Charleston Wrap
- Coffee Carts
- Spirit Wear
- 5th Grade Trip
- Restaurant Nights
- Staff Appreciation Week
- Box Tops
- No Preference

Are you able to commit 1 meeting per month? YES \_\_\_ NO \_\_\_

What skills/expertise would you like to offer to the PTO?

\_\_\_\_\_

\_\_\_\_\_

*Thank you so much for your interest and support!*