

Rochester PTA membership Application

Name: _____

Address: _____

Phone Number: _____ Text Y or N

Email: _____

Student (s)

Name _____ Teacher _____

Name _____ Teacher _____

Name _____ Teacher _____

Check all that apply:

_____I am willing to help in the Elementary PTA

_____I am willing to help in the Middle School PTA

You must have Act 34, Act 114 and Act 151 clearances on file with the school and approved by the board to participate in any school activities with students. For links to apply go to Rasd.org>For Parents>Clearances

Payment Information:

Annual Membership Fee - $6.00

Checks made payable to Rochester PTA or Cash is accepted

For more information, please email us at ptg@rasd.org

Payment method _____ Cash _____ Check #_____ Date Received _____