



Eastampton PTA

Membership Application 2023- 2024

PLEASE PRINT all information and return this page to school in an envelope marked **PTA Membership**.
 Please include \$7 per person joining. Make checks payable to Eastampton PTA or *complete your membership online:*
<https://eastamptonpta.memberhub.com/store>

Member #1 Name _____ Address _____ Telephone _____ Home or Cell _____ <i>If cell #, accept communication via text message Yes ___ No ___</i> Email Address _____ <p style="text-align: center;"><i>Are you a new member? Yes ___ No ___</i></p> Are you interested in becoming a Classroom Volunteer? Yes ___ No ___	Member #2 Name _____ <i>(If different):</i> Address _____ Telephone _____ Home or Cell _____ <i>If cell #, accept communication via text message Yes ___ No ___</i> Email Address _____ <p style="text-align: center;"><i>Are you a new member? Yes ___ No ___</i></p> Are you interested in becoming a Classroom Volunteer? Yes ___ No ___
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NOTE – All information will be used solely for PTA purposes.

Your Child's Name	Homeroom Teacher	Grade

BE INVOLVED! How can you help? Let us know your interests and talents.

Please indicate below which team(s) you're interested in. **Please contact us at eastamptonpta@gmail.com with ANY questions you have.**

Member
#1 #2

- Administrative Team**
Standing Rules/Bylaws, Nominations
- Fundraising Team**
Restaurant nights, Read A Thon, Fun Run etc.
- Hospitality Team**
Teacher Breakfast & Luncheon, BTS Night,
- Family Fun Events Team**
Monthly family events- trivia, crafts, dances etc

Member
#1 #2

- Membership Team**
Membership Drives, MemberHub database
- Book Fair Team**
Fall/Spring fairs
- Communications Team**
Social media posts, newsletter/emails
- Holiday Shop Team**

Stay Connected- @EastamptonPTA @EastamptonP Join our group - Eastampton Community School PTA

If you are aware of a business that would assist our PTA with donated products or services, please indicate how we may contact them:

Business Name _____ Type of Product/Service _____
 Contact Person _____ Telephone Number _____

For PTA use only: AMOUNT PD \$ _____ CASH CHECK # _____ DATE REC'D _____ DATE _____ Entered MB _____
