

MEMBERSHIP FORM

YOUR INFORMATION

Member Name: _____

Phone Number: _____ Member Type: Parent / Guardian / Grandparent / Teacher

Email Address: _____

If Family Membership, Member 2 Name: _____

Phone Number: _____ Member Type: Parent / Guardian / Grandparent / Teacher

Email Address: _____

Student #1: _____ Grade: _____ Teacher: _____

Student #2: _____ Grade: _____ Teacher: _____

Student #3: _____ Grade: _____ Teacher: _____

TELL US A LITTLE MORE

Membership Type? Single (1 person membership \$8) _____ Family (2 person membership \$15) _____

Volunteers must be approved by SMCPs. This is a yearly requirement. Link to complete the Volunteer Application: <https://www.smcps.org/offices/safety-security/volunteer-sign-up>

HOW ARE YOU INTERESTED IN GETTING INVOLVED?

AVAILABILITY

- Before School
- During School
- After School
- Weekends
- From Home Only
- Not Available

EVENTS

- Back to School BINGO
- Donuts with Grown Ups
- Trunk or Treating
- Movie Nights
- Read-A-Thon
- Holiday Shop
- Cookies & Crafts with Santa
- Teacher Appreciation Events
- Spring BINGO
- No Preference

What Skills/Expertise would you like to offer to the PTA?

Thank you so much for your interest and support!