

Oxhead Road PTA Membership Form 2024-2025

PLEASE PRINT CLEARLY

Member Name: _____

Additional member: _____

Student's Name: _____

Address: _____

Phone #: _____

E-mail: _____

Additional Member Email: _____

**** NOTE:** Membership cards will be e-mailed to the e-mail address provided above.

Please Check One: _____ \$10.00 (1 member) _____ \$20.00 (2 members)

Cash _____ Check# _____

Please make checks payable to: Oxhead Road PTA

Please send in CASH OR CHECK to your Child's Teacher in an envelope marked

- PTA Membership~ Checks may take up to 4 weeks to be deposited. Thank you for understanding.