PTSO Membership Form 2025-2026

Together we can all make a difference!

Parent **T**eacher **S**tudent **O**rganization

_____

Member Name (Please Print) Student Name(s) and grade(s) if applicable

Circle One: Parent / Student / Teacher / Staff

_____

Parent Phone # and E-mail

_____ Please accept my donation and don't contact me to volunteer

_____ I would like to volunteer from time to time (even from home when I can)

_____ I would like to get more involved and possibly chair a committee or become a Director

_____ I own a business, or know someone who does who wants to become a business partner

Name of Business

$10 Please make checks payable to: Park Vista PTSO

Sign up and pay on line: https://park-vista-ptso.square.site/

Thank you for your support!

***************************PTSO USE ONLY****************************

Membership Qty_____ Total $_____ Cash Card Check #

Notes_____

Logged_____

Items given_____ Staff Initials_____ Date _____